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Navy Medicine considers for publication photo essays, artwork, and manuscripts on research, history, unusual experiences, opinion, editorials, forum, professional, and clinical matters. Contributions are suitable for consideration by *Navy Medicine* if they represent original material, have cleared internal security review and received chain of command approval. An author need not be a member of the Navy to submit articles for consideration. For guidelines on submission please contact: Janice Marie Hores, Assistant Editor, Bureau of Medicine and Surgery (M09B7C), 2300 E Street, NW, Washington, DC 20372-5300. Email: jmhores@us.med.navy.mil.

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Department Rounds

CAPT John Olsen, MC, led Surgical Shock Trauma Platoon 4 during 2005's historic combat offensives—Operations Iron Fist and Steel Curtain. Story on page 26. Photo courtesy of the author.

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(Above) Windswept and battle worn, Old Glory flies over another battlefield formation. (Left) Medevac flight over Iraq. Photos courtesy of CAPT John Olsen, MC

FORCM(SW/AW) Jacqueline DiRosa, USN Relieved

As my tour at BUMED comes to an end, it is a sad but yet joyful time for me. Sad in that I will be leaving Navy medicine and the outstanding sailors who have made me so very proud and joyful in knowing that I leave having made a difference.

These last 4 years have been the best of my career—a pinnacle job for any hospital corpsman. Much has been accomplished. From the HM/DT rating merger, DTs to IDC school, CMAP, NEC consolidations to building the foundation of our 5VM, and so many other significant changes. These things were not accomplished by me alone or necessarily because of me. They happened because of you.

I am so very grateful for the support, dedication, ideas, and involvement each of you had in shaping the Hospital Corps over these last 4 years. Special thanks goes out to the sailors involved in the numerous rating merger and NEC working groups and 5VM development teams; to the detailers at PERS-407 who helped me carry out the numerous plans of change, and the ECM shop who provided sound advice, knowledge, and community oversight to ensure I was making the best decisions for the good of the Hospital Corps and the sailors. And of course, I would be remiss if I didn't mention the team of professionals on my immediate staff who provided me the critical support to carry out my job. Thank you!

It's never easy to leave a job that you love but it is time. FORCM(FMF/SS/SW) Robert "Bob" Elliott is ready to take the helm and chart his own course for the Hospital Corps. You can expect the journey to continue to be exciting with exceptional support. He will serve the Hospital Corps exceptionally well. I wish him all the best and ask that you provide him the same level of support you have given me.

My transition will keep me close as I will be the OPNAV CNO-Directed CMC working for the Director, Navy Staff, VADM Rondeau. I am excited about the challenges which await me there and the opportunity to stay close to my Navy medicine family.

In closing, I hope my service to you has been an inspiration and proof that there are no limits to your abilities or what you can accomplish or become in this great Navy of ours. Thank you so very much for all that you do everyday. You are an inspiration.

With grateful appreciation and warmest regards,
J. L. K. DiRosa

By FORCM(FMF/SS/SW) Robert H. Elliott, USN

Hello, I'm Force Master Chief Robert H. Elliott. It is an honor to follow in the footsteps of the eight distinguished Master Chief Petty Officers who preceded me as the Bureau of Navy Medicine and Surgery Force Master Chief. While humbled by the opportunity, I am eager to get to the business of representing the collective mission of our force.

The sailors and Marines with whom we serve rely on the Hospital Corps to always be ready, aligned, and agile. We must continue to improve how we train and equip the force in order to meet the needs of the operational forces and provide the highest quality of medical care. Additionally, we must strive to provide our sailors with predictable and equitable augmenting deployment opportunities. These focal points will ensure we sustain the benefit of medical care to our fellow sailors, Marines, and their beneficiaries. Together we will shape the force of the future and meet the ever changing needs of those we serve.

Semper Fortis.
FORCM R. H. Elliott

New Medical Department Flag Selections

CAPT Matthew L. Nathan received his Bachelor of Science degree from Georgia Tech in 1977 in Applied Biology with a concentration track in Computer Sciences. He was accepted into medical school on a Naval Health Professions Scholarship at The Medical College of Georgia and graduated with his M.D. in 1981. He completed his internship and specialty residency in internal medicine at the University of South Florida Affiliated Hospitals in 1984.

Dr. Nathan's initial assignments included Naval Hospital Guantanamo Bay, Cuba and Naval Hospital Groton, CT. From Groton Dr. Nathan transferred to Naval Medical Center San Diego. During this assignment his clinical activities included clinical faculty appointments to the University of California at San Diego School of Medicine and Assistant Professorship at the Uniformed Services University of the Health Sciences in Bethesda, MD.

In 1990, he was assigned to Naval Hospital Beaufort, SC, and in 1991 he moved to the Naval Clinics Command, London, United Kingdom.

In 1995 he assumed the duties of Medical Specialist Assignment Officer for BUPERS. Following that tour, he was presented a seat at the Industrial College of the Armed Forces in Washington, DC. In June 1998, he graduated with a Master's Degree in Resourcing the National Strategy.

Dr. Nathan's operational highlights include an East Coast Mediterranean Amphibious Readiness Group (MARG) aboard USS *Saipan* (LHA-2), as well as several 1st MARDIV deployments, including Central America. CAPT Nathan augmented the Guantanamo Joint Task Force during the Haitian evacuation in 1991.

In 1999, he was assigned as the Fleet Surgeon to the Commander of the U.S. Seventh Fleet aboard the flagship USS *Blue Ridge* (LCC-19) homeported in Yokosuka, Japan.

He then assumed the position of Deputy Commander, Naval Medical Center Portsmouth, VA, before reporting as Commanding Officer, Naval Hospital Pensacola in 2004.

Dr. Nathan received the American Hospital Association 2005 award for Leadership Excellence. His personal decorations include the Legion of Merit (2); Meritorious Service Medal (2); Navy Commendation Medal, and Navy Achievement Medal (2).

CAPT Michael Mittelman earned a Bachelor of Arts degree from Jacksonville University in 1975. He was awarded his Doctor of Optometry degree from the Pennsylvania College of Optometry in May 1980 and earned a Master of Public Health degree from the University of Alabama at Birmingham in 1990. He graduated from the Naval War College non-resident program in 1991.

CAPT Mittelman joined the Navy and was commissioned in the Medical Service Corps in 1980. His assignments have included Naval Hospital Cherry Point, Marine Corps Air Station Cherry Point, NC, and U.S. Naval Hospital Rota, Spain. He then reported to the Naval Aerospace Medical Institute, Pensacola, FL, where he became the first optometrist designated as an Aerospace Optometrist. CAPT Mittelman then became Deputy Director of Research at the Naval Aerospace Medical Research Laboratory, Pensacola, FL, then was assigned to Naval Hospital Great Lakes, IL.

CAPT Mittelman then assumed command of the Naval Ophthalmic Support and Training Activity, Yorktown, VA. He became commanding officer of U.S. Naval Hospital Okinawa, Japan, and then was assigned as Executive Assistant to the Surgeon General of the Navy until August 2004 after which he was became a Special Assistant to the Surgeon General at Headquarters, U.S. Marine Corps. Currently, CAPT Mittelman is the Deputy Director, Medical Resources, Plans and Policy Division, N-931, Office of the Chief of Naval Operations.

CAPT Mittelman is a Fellow of the American College of Healthcare Executives and a Diplomate of the American Academy of Optometry. He also is an active member of the American Optometric Association and Associate Fellow of the Aerospace Medical Association. He is Past President of the Armed Forces Optometric Society and a member of the National Academies of Practice.

His personal awards and decorations include the Legion of Merit (with 2 Gold Stars), Meritorious Service Medal (with 2 Gold Stars), Navy Commendation Medal (with Gold Star), Navy Achievement Medal, Meritorious Unit Commendation (with Bronze Star), National Defense Service Medal, Operation Enduring Freedom Medal, Navy and Marine Corps Overseas Service Ribbon (with Silver Star), and the Navy Expert Pistol Ribbon.

New Medical System Being Integrated into Marine Corps

Many Marines have had the unfortunate situation of having their medical or dental records lost which ultimately results in more shots, checkups, and the hassle of redoing everything before a deployment.

Fortunately for members of the 2nd Marine Logistics Group (MLG), there is a new process called the Medical Readiness Reporting System (MRRS) being taught to corpsmen to monitor, update, and report all medical data to a localized system here.

"The bottom line is you will all make an impact using this program," HM1 Lee Sauceda, MRRS instructor told his class. "After learning this program, corpsmen can teach it to other corpsmen and Marines back at their unit."

Once the section or unit's respective corpsman obtain the medical information on the Marines he works with, he will then place it into the system for further use down the road. "In 2005, the Medical Officer of the Marine Corps authorized the use of MRRS for medical readiness reporting for the entire Marine Corps," said LT Carl W. Doud, preventive medicine officer with 2nd Medical Battalion, 2nd MLG. "The system will aid in accurate reporting of medical readiness for Marines and make data accessible to all those in the chain of command all the way up to the commanding general and Headquarters Marine Corps."

"With MRRS, anyone with a login can access files from any computer that is connected to the Internet," said HM3 Rodrigo A. Hernandez, with 2nd Transportation Support Battalion, 2nd MLG. "If we ever lose a medical record, we can simply pull it up on the screen and figure out what the service member needs done."

The 2nd MLG is changing their systems prior to any other unit within II Marine Expeditionary Force, according to Doud. The entire II MEF will follow in May. According to Sauceda, although the system is still new to 2nd MLG, it is already in the process of becoming the default program of use. "Eventually this system will touch every Marine in the Corps," he said.

—Story by LCPL Joel Abshier, 2nd Marine Logistics Group.

Corpsmen learn about the system that will keep medical records close at hand. Photo by LCPL Joel Abshire, USMC

NMETC Paves the Way for Sea Warrior

On 27 February 2006, RDML Carol I. Turner, DC, Commander of the Naval Medical Education and Training Command (NMETC), released NMETC's guidance in support of the Chief of Naval Operation's (CNO) Sea Warrior initiatives. Sea Warrior comprises the Navy's training, education, and career-management systems that provide for the growth and development of our people. Navy Knowledge Online (NKO) is the Navy's single access portal of learning for sailors to obtain education and training. The Integrated Learning Environment (ILE) is comprised of numerous systems that provide technology based education and training solutions to sailors ashore and at sea, supporting the Navy's joint war fighting mission. The combined strength of NKO and the ILE powerfully supports the career needs of our sailors.

The purpose behind combining the efforts of the ILE and NKO is to reduce time spent on education away from work, thus reducing the cost of training and greatly increasing operational readiness. To support the wide range of learning technologies and meeting the diverse requirements of the Navy's workforce, the primary focus will be learner-centered with highly deployable content.

The ILE is a center piece of education and training for Navy medicine's sailors. According to RDML Turner, "By bringing the most up to date technology and educational elements together, we can deliver the right course, at the right time, to the right sailor, at the right cost to ensure the

right sailor "FIT," directly supporting the CNO's vision and fleet requirements."

NMETC will continue to expand its capabilities by leveraging existing and emerging technologies by aggressively seeking ways to respond to mission requirements. For example, by using data "chunks" of knowledge, known as Reusable Learning Objects, we can combine educational modules together to create a more personalized training program.

With today's budgetary constraints, supporting readiness at any cost is not an option. NMETC continually re-evaluates its processes, assuring delivery of training that supports the Navy mission and aligns with the Surgeon General's top priority of Shaping Tomorrow's Force. NMETC will assess, educate, train, and evaluate products for Navy medicine to bring the best possible care to the fleet. In today's environment, our war fighters and our military beneficiaries can rely on Navy medicine to provide the right medical support in the right place and at the right time.

—Story by HMC(FMF/PJ) Dwayne J. Hathaway, Naval Medical Education and Training Command Public Affairs, Bethesda, MD.

Hospital Sends Record Number of Sailors to Nursing School

Several National Naval Medical Center sailors learned on 18 January, that they will become officers via the Medical Enlisted Commissioning Program. Judges chose the sailors based on their submitted packets and interviews. "Two-thirds of our candidates were accepted, which is a record number," said HMC Angie Lackney, Career Development Office's leading chief petty officer. "That speaks volumes of these candidates, as well as their mentors. Submitting a quality package is a very grueling process. Members had a lot of information to gather and steps to go through. There was a lot of time and energy put into the application process."

"It's a relief and an honor to have been picked up for the Medical Enlisted Commissioning Program, because it's such a competitive program," said HM2 Rebecca Neuhart, Readiness Division's leading petty officer and program selectee. "It was very difficult to put together the package. It's just very tedious, because there are so many roadblocks."

Sailors chosen for the program must reenlist for at least 6 years and must be able to complete their nursing degrees in 36 months. The program is open to any sailor with 60 or more college credits. Lackney recommends sailors focus on math and science.

Neuhart suggests sailors looking to submit packets for fiscal year 2007 get started now. "Start getting prepared as early as possible. The more time you have, the better prepared your packet will be," Neuhart said. "Sometimes you'll want to give up, but once you hear you are accepted, it makes all that hard work worth it."

Bethesda's Career Development Office is the place to start the application process, said Lackney. "Interested sailors should speak to their Career Information Team representative in their department," she said. "Then, we suggest the sailor get a mentor who has gone through the application process and have the sailor attend meetings with tips on package preparation." Lackney added "It's a lot of work to make sure the sailor's packets are ready for the board. The most rewarding part of all of the work is the excitement and the look on the sailors' faces when we tell them they have been accepted."

—Story by JO3 Heather Weaver, National Naval Medical Center Public Affairs, Bethesda, MD.

CMRT-3 Donates Medicine, Furniture to Relief Camp

Marines and sailors with Combined Medical Relief Team 3 (CMRT-3) donated 900 bottles of liquid medicine and more than 300 pounds of furniture to the Sera Sialkot Tent Village in Daryal, Pakistan 14-16 February. With much of the U.S. military transitioning from Pakistan in the next few weeks, efforts for providing healthcare and humanitarian aid are being shifted to many non-governmental aid organizations and tent villages.

One such tent village, Sera Sialkot, accepted the large donation of medicine and furniture, including floor decking for a hospital, pharmacy, and a community kitchen, benches, computer tables, and an exam table, to better the lives of the nearly 2,000 residents.

"This is most gracious," said Dr. Ali Jadoon, the health manager for the camp and a clinical doctor, "especially the U.S. Marines. They have provided all the infrastructure needed for our clinic and pharmacy and have given a great amount of medicines."

The relationship between the tent village residents and CMRT-3 grew strong during numerous visits to the village. "After visiting them and seeing how many people needed assistance, we saw a great opportunity to help, es-

HMCS Rafael D. Felipe carries a box of medicine into the pharmacy at the Sera Sialkot Tent Village in Daryal, Pakistan. Photo by LCPL Scott M. Biscuiti, USMC

pecially when they identified the need of specific pediatric medicines," said LCDR Joe Patterson, executive officer of CMRT-3. While the medicine was the most important gift, according to Jadoon, the floor decking, shelving units, and benches are vital for operating a clean and organized clinic.

"The community kitchen now has a wooden floor, which is a lot healthier to cook food on instead of the ground," Jadoon said. "Also, the patients have a waiting area with benches. Instead of standing for long periods of time, they can wait comfortably."

Before receiving the shelving units, Jadoon said medical supplies were kept in large sacks requiring medical personnel to dig through numerous bags to find the medicine they needed. "The shelving makes it quite easy to get medicine to people faster," he said. "The decking helps keep the medicine good and the water out."

Patterson said he hopes the contribution will alleviate some of the ailments and increase the residents' spirits. Jadoon said the village residents are motivated and will continue on with their lives. "Some of these people have lost everything," Jadoon said. "But they are strong people and will survive."

—Story by LCPL Scott M. Biscuiti, Marine Corps Base, Camp Smedley D. Butler, Okinawa.

Medical Treatment Affects Thousands in Mindanao State University

Crowds rushed in, lining up one by one to receive minor surgery, optical attention, pediatrics, and dental work on 26 February during a Medical Civil Action Program provided by Armed Forces of the Philippines and U.S. service members at Mindanao State University in the Province of Sulu during Exercise Balikatan 2006.

Doctors, nurses, veterinarians, and volunteers led the way for hundreds of Filipino's seeking immediate medical attention or a simple check up, according to HM2 James Hill, a member of the Marine Service Support Group and one of four Navy personnel in Jolo in support of Balikatan 2006.

Children squealed with delight when they were given a de-wormer in the form of banana flavored "candy" and were handed toothbrushes. Several mothers received a diagnosis for a common infection, and were sent to a pharmacy to pick up the free medicine.

Hill said most people are treated and sent away with a smile. Simple procedures, such as removing cysts and lymphomas, were conducted throughout the day with success and appreciation. "It helps their self-esteem, and anytime you can make someone feel better, you feel better," said Hill. "At the end of the day, the majority of the people we treated had visible disfigurements. We remove them, and they no longer have to worry about what they look like."

Not only was the surgical clinic hopping, but pediatrics diagnosed children with treatable rashes and prescribed medicine, directions, and vitamins, and the dentist pulled a few troublesome teeth for their patients. The strength and resilience of the people emanated from each person who walked into the university. Each person that could be treated came with a question and left with an answer.

"The Filipinos thanked us at least 50 times before they walked out the door," Hill said. "They're so appreciative. That's what makes these (MEDCAPs) so worth it."

The MEDCAP is a part of Balikatan 2006 being conducted on the island of Jolo. So far, more than 7,000 Jolo residents have received free medical services from the five of seven MEDCAPs that have taken place. About 1,500 people has been served at each MEDCAP. The day finished out with 1, 594 patients diagnosed and treated. The troops completed another successful day, leaving the citizens one more reason to look forward to the next medical capabilities exercise.

The service members participating in the MEDCAP are among more than 5,000 participating in the annual AFP/US bilateral combined exercise from 20 February to 5 March. The exercise will be structured to further develop the AFP in crisis action planning, enhance its ability to conduct counter terrorism operations effectively, and promote interoperability between participating countries.

—Story by PFC Teirney M. Humberson, Marine Corps Base, Camp Smedley D. Butler, Okinawa.

Doctor Brings Trauma Experience to Naval Hospital

Growing up in a small Pennsylvania town nestled in the Pocono Mountains and dreaming of becoming a doctor, Joe Strauss would never have predicted he would be the lead resident physician at the National Naval Medical Center, Bethesda, MD, during one of the Marine Corps' bloodiest battles in Iraq.

Now a Navy lieutenant commander and an orthopedic surgeon dealing with musculoskeletal injuries at the Robert E. Bush Naval Hospital Twentynine Palms, CA, Strauss said his past experience helping wounded Marines allows him to better serve Marines and sailors at the combat center.

"Right when I became the lead for the trauma service is when Fallujah was," said Strauss about the November 2004 Battle of Fallujah. "That was when Bethesda saw the highest volume of patients returning from war in its history. From November until I left in July 2005 we must have treated over 300 Marines with complex upper and lower extremity injuries and fractures. "Now with Kevlar, more people are surviving and the injuries are the extremities that are exposed," he said. "Because of that, over 70 percent of the injuries coming back to us were orthopedic-related."

Strauss was commissioned a Navy ensign in January 1994 through the Navy Health Professions Scholarship Program. After he graduated from the Philadelphia College of Osteopathic Medicine in 1997 and completed undergraduate work at St. Joseph's University in Philadelphia, Strauss made his first visit to the National Naval Medical Center as an intern for a year. From there he went on to Naval Air Station Pensacola, FL, as a flight surgeon before transferring to NAS Willow Grove, PA, from 1999 to 2001.

"My orthopedic residency at Bethesda began in July 2001," said Strauss. "When Operation Iraqi Freedom began, we learned a lot about IEDs [improvised explosive devices]. We learned how IEDs work, the different types and things like that. "These injuries are amazing in the amount of soft tissue and bone abnormalities that can occur with them because it's just putting shrapnel into a bomb. Nothing has been written like this before in any textbook on how you need to manage these patients. It's really just learning as you go, so to speak, and developing procedures," he said.

Working with the injured Marines was a source of personal inspiration for Strauss as he constantly saw wounded warriors who wanted nothing more than to get back in the fight.

LCDR Joe Strauss. Photo by CPL Brian A. Tuthill, USMC

"The morale of Marines there was very inspiring," he said. "Marines were still trying to get back despite having severe upper and lower extremity injuries. I think just the motivation that the Marines have is very impressive." Helping Marines get back in the fight is still a primary goal for Strauss at Twentynine Palms. Coming from the place where injured Marines came back from war to the place they train prior to deploying is a twist of fate he revels in. Because of his skills gained from handling those severe cases at Bethesda, Strauss said he feels more prepared to help patients at the Combat Center without deferring them to other facilities. "I think the confidence I gained in dealing with the complex surgeries and developing confidence in your own abilities that you are able to tackle the more challenging cases," said Strauss. "That has helped me in coming out here. When there are trauma cases that do occur on this base, we are able to handle them here vice sending them out to another hospital. All the book knowledge isn't as powerful as the actual surgical experience which helps foster your growth. We are able to manage some of the more complex injuries without referring them elsewhere."

During surgeries, Strauss wears his Pittsburgh Steelers head wrap to show support for his favorite team. He is a self-proclaimed die-hard sports fan, and even plays basketball for the hospital during the intramural season. "My career in athletics and my multiple sports-related injuries sort of led me to get into orthopedics," he said.

LT Scott Schoeb, an orthopedic surgeon, said working alongside Strauss at the R.E. Bush Naval Hospital for the past 6 months has been both rewarding and challenging. "We have a great working relationship," said Schoeb, whose orthopedic residency was at a civilian hospital in New York. "Our training and experiences complement each other well here. It doesn't always work out this way

in the field where people have so many things in common. "He's seen a lot more trauma than I have so it's certainly nice to have him around to do certain procedures," continued Schoeb about working with Strauss in one of the busiest clinics with over 400 patients seen monthly. "It's nice for me to have someone who has that experience to help me learn. It helps things get done better and improves patient outcomes."

Although a possible permanent change of duty station next year may land Strauss at Naval Air Station Jacksonville, FL, he has mixed feelings about leaving the Marines and his fellow staff at Twentynine Palms. "I've got another year and might be stationed at NAS Jacksonville," said Strauss. "It's hard because my 4-year-old-son, Logan, lives in Maine. Being stationed on the east coast next would be good so I can see him more. "The other side though is that I love working with Marines," continued Strauss. "There is nothing quite like it. You see how they really take care of their own, and that is great. I just don't know if I'll have another opportunity quite like this again. It's been extremely rewarding."

—Story by CPL Brian A. Tuthill, USMC, Marine Corps-Air Ground Combat Center.

Okinawa Doctor Makes Lifesaving House Call

Doctors from U.S. Naval Hospital Okinawa aren't used to making house calls or traveling thousands of miles to operate on a patient. But when the urgent need for a neurosurgeon in Guam arose, LCDR Dennis J. Rivet answered the call without hesitation.

On the evening of 23 January, a woman was admitted to USNH Guam for a sudden loss of consciousness preceded by headaches. Tests concluded she needed an operation quickly or she would die. The procedure required a neurosurgeon, but Guam had none on the island.

Rivet, one of two Medical Corps neurosurgeons at USNH Okinawa, received word from Guam personnel late that night, and called the USNH Okinawa executive officer, CAPT Dale M. Molé, MC, for authorization to travel to Guam to perform the necessary procedure. "I had a lot of questions concerning exactly what the patient's condition was and how he would arrange travel (to Guam)," Molé said. "(Rivet) indicated to me that she basically had hours to live."

LCDR Dennis J. Rivet, MC, flew to Guam to help save a woman's life. Photo by PFC Eric D. Arndt, USA

After Rivet received authorization from his command to proceed, he picked up needed supplies and equipment from USNH Okinawa. He then went immediately to Kadena Air Base and flew to Guam.

Surgery involved draining surplus fluid from the woman's brain. The procedure was performed quickly because following the operation, he and the patient had to fly to Hawaii using the same flight crew. Due to flight restrictions, pilots have a 14-hour day during which they can fly.

In Hawaii, Rivet transferred her to a civilian neurosurgeon. There, she received more care until she could be rehabilitated.

According to Rivet, there was little doubt that the patient would have lost her life without medical intervention. He also said that he played a small part in an expertly coordinated plan by medical and military personnel on Okinawa, Guam, and Hawaii.

"It could not have gone more smoothly," Rivet said. "I want to emphasize that it was a huge effort by a lot of people to be able to treat the patient." The event was the first time a neurosurgeon had ever been flown from Okinawa to Guam for such an operation, according to Rivet. "He is a really outstanding neurosurgeon and naval officer," Molé said. "He is really prepared to do what is needed to meet the needs of the patient."

"I thought it was the right thing to do, and I was more than happy to do it," Rivet said. "I don't think there are very many other countries in the world that would do this."

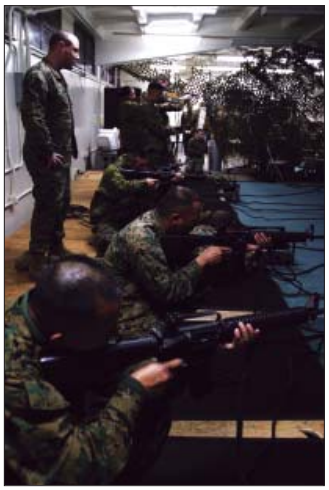
—Story by PFC Eric D. Arndt, Marine Corps Base, Camp Smedley D. Butler, Okinawa.

Medical, Dental Staff Sharpen Battle Skills

More than 80 sailors and Marines with 3rd Medical Battalion, 3rd Dental Battalion, U.S. Naval Hospital Okinawa participated in a training exercise 7-10 February at Camp Hansen. Exercise "Vernal Tide" was designed to enhance the performance of medical and dental staff working alongside Marines in a field environment, explained HM1 Eddie G. Finch, the leading petty officer for training with 3rd Medical Battalion. The exercise focused on battle skills like land navigation, day patrolling, weapons familiarization, and nuclear, biological, and chemical training. Vernal Tide was a unique training evolution, according to Finch.

"There are high ranking officers training alongside junior service members," he said. "As [corpsmen] it is best to train alongside each other—just like we work alongside each other. It helps build a working rapport." The first day began with NBC training—mission oriented protective posture and chemical protection at the Camp Hansen CS Gas Chamber. Later that day, they were taught the basic set up procedures of the newly implemented Base-X Expedition Shelter, a lightweight rapid deploying tactical shelter.

The next day, they were taught how to use the AN/PRC-119 Single Channel Ground and Airborne Radio System and the proper 9-line procedures for calling in a situation report. They also conducted land navigation training to familiarize the students with basic techniques including terrain identification, shooting an azimuth, and pace counts. Afterward, they conducted day patrol exercises at the Camp Hansen parade deck.



Sailors and Marines firing the M-9 pistol and the M16A2 rifle at the Combat Camera Center's indoor Simulated Marksmanship Training Facility. Photo by LCPL Warren Peace, USMC

Patrol training is very important for corpsmen, according to Finch. "If we are moving in a squad, corpsmen may become a liability and an easy target if they don't know what they are doing," he said. "We can't support the Marines if we become a casualty ourselves."

On the third day of training, the students were given weapons familiarization classes on the M-9 pistol and the M16A2 service rifle and hands-on training at the Combat Camera Center's Indoor Simulated Marksmanship Training Facility.

The exercise concluded with a 6-mile hike carrying a combat load at Camp Hansen. "This training is very thorough and necessary," said HMC Alphonso Whitt, "We must have training like this to stay combat ready."

The 3rd Medical Battalion schedules three training exercises a year to keep their service members prepared for war. The next exercise, "Solar Challenge," is scheduled for mid-summer.

—Story by LCPL Warren Peace, USMC, Marine Corps Base Camp Smedley D. Butler, Okinawa.

Expeditionary Medical Facility Kuwait Gets Rehab

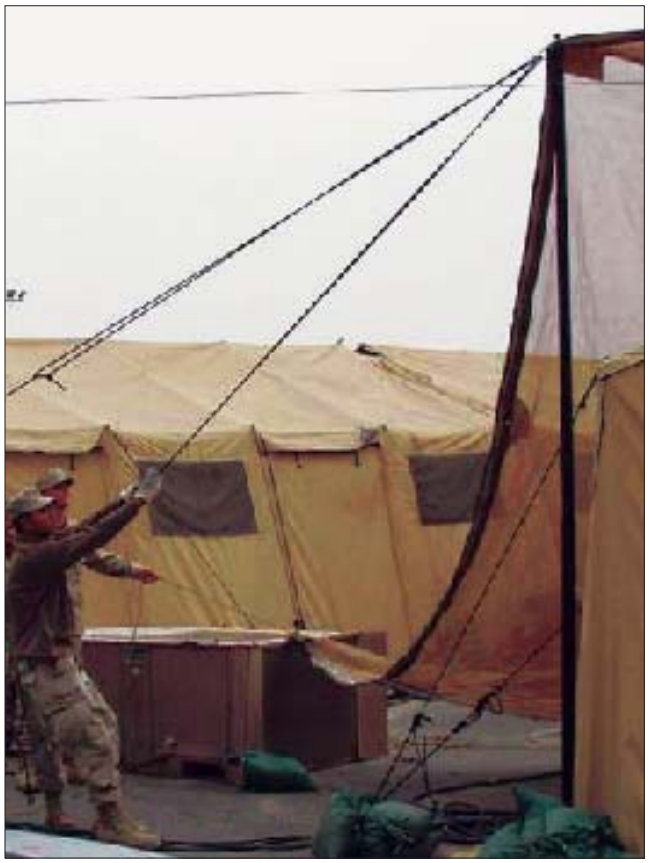
The tents housing the U.S. Military Hospital Kuwait received some tender loving care recently as teams from Expeditionary Medical Facility (EMF) Kuwait, Naval Expeditionary Medical Support Command (NEMSCOM), and Naval Medical Logistics Command (NAVMEDLOGCOM) worked around the clock to perform maintenance and upgrades to the facility. The teams were comprised of many specialties such as logisticians, engineers, corpsmen, electricians, builders, and information technicians.

Several tasks completed during the 1-week evolution included:

- Replacing more than 9,000 square feet of flooring.
- Erecting 17,500 square feet of solar shielding.
- Upgrading of the operating room HEPA filtration system.
- Recharging the environmental control units.
- Enchancing the electrical grid.

The solar shields are designed to filter out sunlight and reduce interior tent temperatures. This is vital to patient care as outdoor temperatures can soar above 130°F during summer months, causing inside temperatures to soar over 100°F. The solar shields are hoped to reduce peak interior temperatures by as much as 10°F.

Key to the extensive project was scheduling the work to occur without interruption or compromise to patient care. To do this, teams had to temporarily relocate critical areas



PO2 Cloyd Formentera and HN George Ansloan pull lines during installation of solar shields over U.S. Military Hospital, Kuwait. Photo by CAPT Thomas Baransky

such as Casualty Receiving (CASREC)—equivalent to an emergency room—to other areas of the hospital. This proved invaluable; while the CASREC area was relocated, six emergency patients arrived and were treated without interruption.

The EMF Kuwait staffs the U.S. Military Hospital Kuwait and its nine satellite health clinics located throughout Kuwait and Qatar. EMF personnel are sourced from 26 different naval activities. This Navy medicine team provides healthcare to U.S. and Coalition forces stationed in, or transiting through, the U.S. Army Forces Central Command area of responsibility to include Kuwait, Qatar, Afghanistan, Iraq, and the Fleet Forces. This is the 3rd year Navy medicine has had this ongoing mission. The U.S. Military Hospital Kuwait is a Level III medical facility that provides both outpatient and inpatient care along with specialty services such as cardiology, pulmonology, critical care, internal medicine, general surgery, optometry, orthopedics, gynecology, laboratory, pharmacy, radiology, mental health, dental, and physical therapy.

—Story by CAPT Lee Cornforth, MSC, Camp Pendleton, CA.

Corpsman in Iraq Administers Healthy Dose of Comedy

For service members in a combat zone the stress associated with deployment can lead to a variety of symptoms unique to each individual. For one corpsman here, laughter is the best medicine to fight them all. HN Justin G. "Buck" Buckingham's unique personality is helping his friends, coworkers, and patients make it through the challenges of a 7-month deployment at Camp Taqaddum, Iraq.

The 23-year-old assigned to the 1st Marine Logistics Group recently arrived here for his second deployment to provide medical care, and if necessary, save the lives of fellow service members while keeping up the spirits of those around him with his natural inclination toward the unexpected and uncommon. "My first impression of him was, "This guy is weird," said HM3 Vinh B. Cai. But in time Cai has come to trust and respect Buckingham, calling him his "left-hand" man. Buckingham is now one of his closest buddies.

Regardless of how others view him, Buckingham does his best to lighten the mood of anything stressful, never taking himself too seriously said HN Patrick J. Murphy, a fellow corpsman at the battalion aid station. Buckingham keeps his fellow sailors amused with his antics. Always on the hunt for scorpions or other critters, he sometimes spreads his military humor with an off-colored joke when things seem too serious. Murphy initially was uncertain of what to think of Buckingham's peculiar mannerisms. "He

HN Justin G. "Buck" Buckingham's unique personality is helping ease the stress of deployment at Camp Taqaddum, Iraq. Photo by CPL Daniel J. Redding, USMC

walked funny and talked funny, but when I got to know him, I knew that was how his personality was and would continue to be," said the 19-year-old.

It's that humorous personality that has served Buckingham in the clinic when he calms nervous patients with a quick joke to ease tension. "The first time I did an in-grown toenail removal, it was pretty funny because he (Buckingham) kept telling the patient 'You better not kick me,'" said Murphy. "He knew the patient would have, because she had her knee in the retracted kicking position, ready to strike."

When everyone else is taken aback by a situation, classic "Buck" will say, "That was so cool," Murphy said, adding that his friend's laugh is eerily similar to that of the Simpson's character, "Krusty the Clown."

Buckingham, who recently marked his third anniversary in the Navy on 25 February, just tries to keep life simple. "I just try and stay happy and think of better times to come," he explained. For him, life in the military isn't that difficult; it's a life guided by rules and traditions. By keeping things simple, whether in Iraq or back stateside, service members get by just fine. Surviving a deployment is all about making friends and communicating with others as much as possible, said Buckingham.

Aside from his ability to encourage his co-workers, he is integral to the success of the battalion aid station, said HM1 Jamie J. Shadduck, the clinic's leading petty officer. On his last deployment, Buckingham took part in convoys almost every night, proving his mettle to those Marines he served with, said Shadduck. "No one's ever doubted his skills," said Cai, who deployed with Buckingham from February through September 2004.

Due in large part to his proficiency as a corpsman, Buck is a "go-to-guy" for everyone he works with, said Shadduck. Now that he's off the road and in the clinic, Buckingham focuses primarily on patient treatment, a job most agree he's good at not only because of his abilities but also for his personality.

Although his parents divorced when he was young, the environment he and his sister were raised in was one of acceptance and freedom, said Buckingham. For him, this freedom meant pursuing his interest in medicine and exotic animals. "Vicious, deadly animals," he said, making light of the uniqueness of his passion. "I've had every type of pet that you can think of, from the mundane mouse to cobras and alligators." Uncertain as to exactly why he enjoyed having so many different kinds of pets, Buckingham shrugged and said, "I've liked animals since I could crawl." Having spent time working as a veterinary technician prior to joining the military, Buckingham would like to one day return to that field. Whatever career field he does pursue, as long as it's in the field of medicine it'll suit him just fine. In the end, he says, the Navy was the perfect way to jumpstart these career goals in medicine. "I needed something with a foundation," he explained. "The Navy is a good stepping stone for work ethics."

Although he plans on getting out of the Navy when his contract is up, Buckingham says there is one thing he will always take with him—the memory of the Marines who trusted him on all those convoy missions.

Time and time again, as he experienced insurgent attacks with his Marines, he experienced the rush of adrenaline and fear of life outside the safety of the base. These experiences created a bond he will take with him forever. "I've been told by Marines I deployed with last time—Marines I was in action with—that I was the only one they wanted to go out on the road with," he said, "because they trusted me with their lives. And that's what it's all about."

—Story by CPL Daniel J. Redding, USMC, 1st Marine Logistics Group

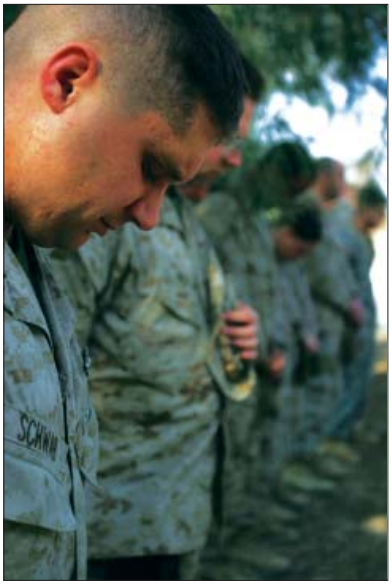
Al Asad Hospital Renamed after Corpsman Hero

To honor and perhaps gain inspiration from one of their finest, the corpsmen at Al Asad, Iraq, renamed their medical facility after HM3 Christopher Thompson during a ceremony on 6 February. Late last year, Thompson, who was serving his second Iraq tour assigned to 2nd Battalion, 2nd Marine Regiment, was killed when his vehicle struck an improvised explosive device.

HM1 Michael Stillford led the effort to rename the clinic because he said Thompson embodies the qualities corpsmen should strive to emulate. He said some of his fellow sailors can get lost in their daily routine, not realizing the importance of the work they do. "Having his name up there reminds us we're all family out here," said Stillford. "We don't always see the big picture, but we come to work every day to help each other and help our patients."

Many of the corpsmen who work at the clinic knew Thompson. Stillford went through Field Medical Service School with him, where corpsmen learn what it takes to serve with Marines. HM2 Jonathan M. Penich remembers when Thompson first joined 2nd Battalion, 2nd Marines. "Thompson was a motivated kid," said Penich. "He really knew his stuff. He was a great corpsman who took care of his Marines."

Many Marines and their families benefitted from Thompson's bravery and dedication. Corpsmen are fa-



Marines and sailors bow their heads in prayer during a ceremony that officially renamed Al Asad, Iraq's medical clinic after HM3 Christopher Thompson. Photo by CPL James D. Hamel, USMC

mous for never leaving the side of their Marines, regardless of circumstance, and Thompson was no different. On 22 August 2004, he saved the lives of Marines in his company during intense fighting in Al Anbar Province, Iraq. His actions that day were heroic enough to earn him a Navy and Marine Corps Commendation Medal with a Combat V, one of the Navy's highest awards for military valor.

"This is someone who we knew and affected our lives," said Stillford. "This (renaming and dedication) is a way for the corpsmen and all military personnel to remember someone who's gone before them, and remember who he was."

Stillford and those who took part in the dedication ceremony know they can never fully honor such a great sacrifice, but they refuse to let Thompson be forgotten. Al Asad's medical clinic is often one of the first places wounded military personnel go for emergency care. The clinic is on the frontlines to save Marines' lives. Now, it's named after someone who gave his life for that cause.

—Story by CPL James D. Hame, USMC, 2nd Marine Aircraft Wing.

Doc Stops the Bleeding, Treats for Shock, Earns Bronze Star

Critical medical operations to save the life of a wounded comrade are extremely stressful in the rear, where there is proper medical equipment. Conducting them in the back of a humvee while it speeds through a hail of shrapnel and small arms fire, however, is a true test of one's proficiency and courage. HM1 Nathan McDonell faced and overcame that challenge a year ago in Iraq and was awarded the Bronze Star for it during a ceremony at Camp Margarita 17 February. "I accept this recognition on behalf of the men I fought with, it was the greatest honor of my life," said McDonell, after MGEN Richard F. Natonski, commanding general of the 1st Marine Division, pinned on his Bronze Star.

McDonell then named those who ensured the survival of the team: "CPL O'Brien, who had the strength to hold onto life that day, GSGT Miller for his instincts and leadership, and both SGT Pennock and CPL Kamerer for aggressively holding off the enemy," McDonell said. McDonell exemplified courage under fire on 8 November 2004, in Ramadi, Iraq, while serving as the senior line corpsman for Company G, 2nd Battalion, 5th Marine Regiment, 1st Marine Division.

During an assault in the Al Anbar capital city, McDonell identified the location of the enemy firing positions and returned fire, enabling the Marines to fatally wound three insurgents, according to his award citation. During the ensuing firefight, a rocket-propelled grenade penetrated the vehicle's armor and partially severed the right arm and leg of the Marine beside him. "When I came up after the blast, I saw CPL [Mark] O'Brien bleeding profusely through the white smoke," recalled McDonell. "His wounds were bad, and my main concern was to stop the bleeding any way possible." While still under intense fire, McDonell applied tourniquets to the wounded Marine's arm and leg and supervised his loading into the evacuation vehicle.

While driving at high speeds through narrow streets to reach the nearest medical facility, he began a second, more detailed evaluation of the wound. McDonell raised the Marine's mangled leg and with his bare hands, reached inside the wound and grasped the femoral artery and pulled it through the damaged tissue far enough to apply a second tourniquet. When this failed to control the bleeding, he reached inside the Marine's leg and clamped down on the

MGEN Richard F. Natonski congratulates HM1 Nathan McDonell after awarding him the Bronze Star. Photo by LCPL Patrick J. Floto, USMC

femoral artery, holding it with his fingers until they arrived at the medical facility.

"With so much carnage and destruction going on all around you, you have to be resourceful," McDonell said. "I couldn't give him morphine due to the amount of blood he was losing. I've never seen someone endure so much pain while maintaining his composure so well." McDonell added that O'Brien was more concerned with the fact that he could no longer fight over the immense pain he was going through.

Because of McDonell's heroics and wise judgment, O'Brien lived. He got married in July, and McDonell attended the ceremony. Although O'Brien's life was saved, he was no longer able to serve as a Marine due to his injuries. "Golf Company lost a great warrior the day O'Brien was discharged," McDonell said. "My daughter was recently watching the 2006 Olympics and called the American athletes heroes. I told her that the real heroes are the many men and women who have so bravely fought in Iraq and that I had the honor to meet them and fight alongside them."

—Story by LCPL Patrick J. Floto, USMC, Marine Corps Base Camp Pendleton, CA.

24th Marine Expeditionary Unit Aviation Combat Element Trains to Save Lives

A Marine lies wounded on the ground in the middle of a battlefield, an exasperated corpsman tending to his injuries. Surrounded by gunfire, they scan the horizon for the shape of a helicopter. They call again on the radio and are told to stand by. Together they wait and wait.

According to HMC Erick M. Vazquez, chief medical representative for the 24th Marine Expeditionary Unit's (MEU) Aviation Combat Element (ACE) Marine Medium Helicopter Squadron 365 (Reinforced), helicopters used in past conflicts could take anywhere from 1 to 3 hours to reach a wounded Marine.

Today, the ACE expects to be off the ground in less than 10 minutes and, depending on their range to the objective, on the ground in 15 to 20 minutes. "Casualties were dying," explained Vazquez. "If we're able to reach our casualty in time, we're able to save more than 98 percent of those who might otherwise die, and we're still continuing to improve."

CPL Jeff T. McCarstle, a squadron crew chief, added "Every second counts and you only get one shot to do it right. This is probably the most important mission we do. This is varsity level flying, and you better bring your 'A' game."

"Casualty Evacuation (CASEVAC) corpsmen work to bridge the gap between the care the corpsman on the ground gives to the wounded and the care they'll eventually receive," said Vazquez. "The corpsman on the ground stabilizes the injuries; the CASEVAC corpsman continues to stabilize and keeps them alive in transit."

"They'll be monitoring vitals every minute and maximizing their resources," said Vazquez. "Corpsmen are well trained and will do whatever they must to keep them alive until they make contact."

"CASEVAC missions put a great deal of stress on pilots, crew chiefs, and corpsmen who are on constant call in the event of an incident," said CAPT Marcia L. Sandrew, HMM-365's administration officer and a CH-46E Sea Knight pilot. "However, if they are able to extract a wounded Marine from the battlefield within moments of their being wounded, that Marine will most likely live to fight another day because of the aircraft crew and corpsmen's training and dedication to duty."

"Never doubt the skills of the corpsmen," added Vazquez. "We've always been and will be here for the Marines."

—Story by LCPL Jeffrey A. Cosola, 24th Marine Expeditionary Unit.

HN Geovani Padilla Aleman, 20, of South Gate, CA, was killed on 2 April as a result of enemy action in Al Anbar Province, Iraq. Aleman was permanently assigned to National Naval Medical Center, USNS *Comfort* (T-AH 20) Detachment and operationally assigned to 3rd Battalion, 8th Marine Regiment, 2/28 Brigade Combat Team.

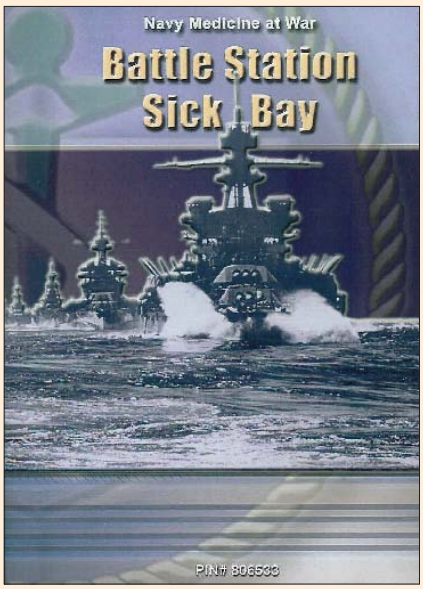
Battle Station Sick Bay Premiere

On 28 March 2006, a dedicated crowd of well-wishers, veterans, and history enthusiasts attended the premiere showing of Navy medicine's latest documentary, "Battle Station Sick Bay" at The Navy Memorial Heritage Center. This 30-minute production—part four in the six-part series—tells the story of the physians, dentists, and hospital corpsmen who manned the battle stations and sick bays of Navy carriers, battleships, cruisers, destroyers, and submarines during World War II.

To be sure, World War II was a tough war for medical personnel of the U.S. Navy. During battle, modern naval warfare posed a host of problems. Armor piercing shells, aerial bombs, torpedoes, and fuel-laden suicide planes inflicted mass casualties in seconds. Such injuries as penetrating body wounds, blast injuries, burns, inhalation of toxic gases, and asphyxiation were commonplace. Rendering first aid amidst the chaos of battle meant evacuating casualties to safe areas of the ship, arresting bleeding, and treating shock.

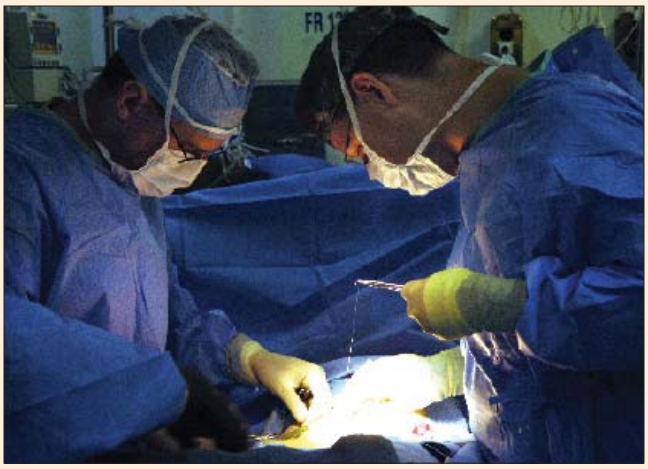
In introducing the film, Navy medical historian, Jan Herman, explained how this series was a realization of many years of seeking out World War II veterans and capturing their remarkable stories. "Many of the veterans in the film were first interviewed in the 1980s and 1990s on audiotape. During the past 10 years, we re-interviewed many of them on videotape and then married those interviews to documentary footage from World War II to create the Navy Medicine at War Series. It is, and has been, our goal to preserve the heritage and bring the experiences of World War II Navy medical veterans not only to today's practitioners of Navy medicine but to the public at large."

Following the film's showing, RDML Christine Hunter stood before the rapt audience and lauded the heroic achievements of our Navy medical ancestors, "We in the 21st century have the advantage of advanced science and technology on our side. Medical personnel of generations ago went to war with very minimal resources, and had to make do with the very basics in medical science. Faced with continuing adversity, they all did marvelous jobs."



The 30-minute documentary, "Battle Station Sick Bay," is now available along with "Navy Medicine's Trial by Fire: December 7, 1941," "Navy Medicine at Normandy," and "Guests of the Emperor." You may order these DVD or VHS releases from: Visual Information Directorate, NMETC, Bethesda, MD, 301-295-5595. Please specify DVD or VHS format.

Marines from 3rd Battalion, 2nd Marines, Marine Corps Base Camp Lejeune, NC, prepare to load a casualty aboard a medical evacuation helicopter at a site north of Al Qaim, Iraq. Photo by CPL Alicia M. Garcia, USMC

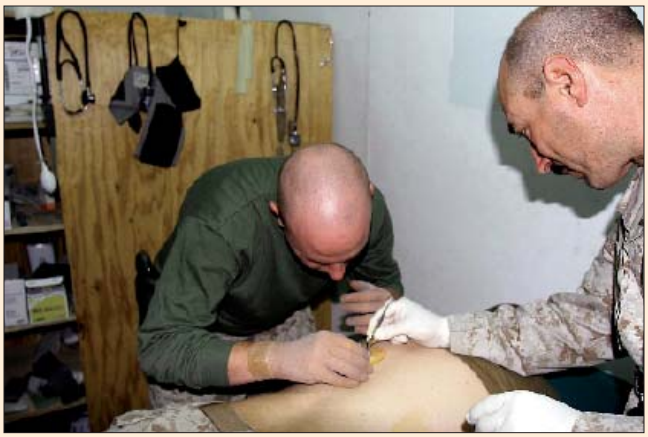


LCDR Michael Barker (right), ship's surgeon and Senior Medical Officer, CDR David Gibson, suture a patient following an urgent laparoscopic appendectomy aboard USS *Enterprise* (CVN-65). Photo by PH2 Milosz Reterski, USN

Townspeople from the local village of Tiptipon, Philippines, gather near the beach to bid farewell to U.S. service members assigned to the 31st Marine Service Support Group. The Civil Action Project brought medical and dental support to more than 11,000 Filipinos. Photo by JO2 Brian P. Biller, USN

NAVY MEDICINE
World Class Care...Anytime, Anywhere

LCDR Kim Kaufman gives a dose of de-wormer medication to an Afghan girl during a village medical outreach in Maywand District, Afghanistan. Photo SPC Leslie Angulo, USA



LCDR Patrick M. McEldrew, MC, and HN Daniel S. Tullos, with Regimental Combat Team-2, perform minor surgery on a fellow corpsman while supporting Operation Iraqi Freedom. Photo by CPL Ken Melton, USMC

A corpsman assigned to the 3rd Platoon, C Company, 1st Battalion, 1st Marine Regiment, Regimental Combat Team-5, 1st Marine Division, I MEF gives aid to an Iraqi man outside Forward Operating Base Abu Ghraib. Photo by LCPL James J. Vooris, USMC

HN Melissa Boutwell holds a young Indonesian child suffering from a congenital heart abnormality as Project HOPE volunteers prepare for their departure from USNS *Mercy* (TA-H 19) on their journey back to the United States. The child is one of two young Indonesian patients who will be accompanied to the U.S. to receive needed medical attention. Photo by PH3 Rebecca J. Moat, USN

Corpsman Forrest Simmons uses an otoscope to examine a woman in Gode, Ethiopia. Military medical personnel from Combined Joint Task Force-Horn of Africa participated in a 3-day medical civic action program, which provided aid to more than 2,000 Ethiopians. Photo by SSGT Stephen Schester, USAF

HN Louis A. Menendez, from Regimental Combat Team 7, and an Iraqi Army medic watch as fellow corpsman HN James J. Campbell writes the type of injury sustained by a mock "causalty" on a triage tag during a mass caualty drill at Camp Al Asad, Iraq. Photo by SSGT Jim Goodwin, USA

Naval Hospital Yokosuka Committed to Safe Medical Care

The staff at U.S. Naval Hospital (USNH), Yokosuka is focused on bringing our beneficiaries safe and effective medical care. Patient Safety Awareness week was held 6-11 March, and the National Theme was, "Effective Communication: The Patient Safety Tool of Choice." As a patient, you should communicate with your healthcare team to enhance the safety of your medical care. Nobody cares more about your safety than you do.

Your healthcare provider and pharmacist are responsible for educating you about your medications. It is the patient's responsibility to ask questions and state any concerns about prescribed medications. Questions a patient can ask include:

•What is the purpose of a particular medication?

•What is the dosage and how many times a day should a medication be taken?

•What are the normal side effects?

•What are the abnormal side effects?

Carry around a list of the medications you are taking, including dose, and update it anytime there is a change.

All surgical procedures carry risks and benefits. All surgical procedures have alternatives, even if the alternative is not doing a procedure at all. Your provider will explain the risks, benefits, and alternatives to a procedure before obtaining your permission to proceed. If you have any questions at all, please do not be shy about asking for clarification. Efforts to improve safety at USNH Yokosuka prior to a procedure include:

•Verification of your identity

•Identification of the part of the body being operated on

•Another verification of the procedure to be performed

Expect to be asked these questions before the procedure by your provider or the nurse in charge of your care, not because they do not know the answers, but because they are trying their best to ensure your safety. If you do not believe this has happened, please do not be shy about asking your healthcare team to verify your procedure. Speak up.

In your military medical record there is a list containing:

•All your medical conditions

•All surgical procedures you have ever received

•Medication allergies

•Medicines you take, including dose and frequency

•Medical conditions that run in your family

Sometimes, your medical record may not be available (e.g. during a permanent change of duty station move, during an emergency when civilian care is received.) There is no good substitute for knowing your own medical history. Please do not rely on the answer "it's in my medical record." It can be hard to remember it all, so please consider writing it down and carrying it with you in your wallet or purse.

When in doubt, speak up and ask questions. Participate in all the decisions about your treatment. You are the center of your healthcare team. For these and other tips on enhancing your safety as a patient, visit the following website www.jcipatientsafety.org/ and click on the link for "Patients and Families."

—Story by LT Michael G. Johnston, U.S. Naval Hospital, Yokosuka.

Military Hospitals and Staffs Receive Awards at Annual Military Health Conference

Thirteen military health organizations within the military medical community were recognized as the "best-of-the-best" 30 January during the Department of Defense's annual Military Health System conference for their superior customer service while providing quality medical care to deployed forces and TRICARE beneficiaries.

Dr. William Winkenwerder Jr., Assistant Secretary of Defense for Health Affairs recognized medical treatment facilities for outstanding customer satisfaction in the following categories:

DOD Military Treatment Facility Customer Satisfaction Award for Continental U.S. Hospitals and Free-Standing

Clinics: Schofield Barracks Army Health Clinic, Schofield Barracks, HI.

DOD Military Treatment Facility Customer Satisfaction Award for Medium Size Continental U.S. Military Treatment Facilities: Naval Hospital Pensacola, Pensacola, FL.

DOD Military Treatment Facility Customer Satisfaction Award for Continental U.S. Medical Centers: 74th Medical Group, Wright-Patterson AFB, OH.

DOD Military Treatment Facility Customer Satisfaction Award for Overseas Military Treatment Facilities: Naval Hospital Guantanamo Bay, Guantanamo Bay, Cuba.

Obstetrical Care Award: U.S. Naval Hospital Lemoore, CA.

The DOD also places great emphasis on patient safety and the importance of leadership and innovation in quality, safety, and commitment to patient care. The following medical facilities received the 2005 DOD Patient Safety Award:

•59th Medical Group, Wilford Hall Medical Center, Lackland AFB, TX, in the Policy and Procedure category.
•89th Medical Group, Andrews AFB, MD, in the Team Training category.
•National Naval Medical Center Bethesda, MD, in the Technology category.

Additionally, the Air Force, Navy, Army, and Coast Guard recognized medical organizations within their respective services for superior customer service with the presentation of the 2005 DOD Surgeons General Awards:

92nd Medical Group, Fairchild Air Force Base, WA, was honored by LGEN Peach Taylor, Air Force Surgeon General, for its commitment to "Taking Care of America's Heroes." The award recognized the medical group for excellence in mission support and stellar customer satisfaction.

The Navy Surgeon General's Award was presented by VADM Donald Arthur, Navy Surgeon General, to the men and women of USNS *Mercy* (T-AH 19) for their selfless and noble service in support of the tsunami relief efforts to the Indonesian peninsula.

Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA, received the Army Surgeon General's Award from MGEN Joseph Webb, Army Deputy Surgeon General, for excellence in customer service, productivity, and operational readiness during a period of high operational tempo while fighting the global war on terrorism.

Integrated Support Command Seattle Clinic, Seattle, WA, was recognized by Director of Health and Safety for the Coast Guard RADM Paul Higgins as the Coast Guard Clinic of the Year.

Dr. Winkenwerder applauded the recipients for their courage and commitment to excellence in providing quality medical care to service members, retirees, and their family members around the world.

—TRICARE Press Release 30 January 2006.

Naval Hospital Pensacola Earns Tops-in-Nation Award For Customer Satisfaction

Naval Hospital Pensacola was named the number one Department of Defense (DOD) medium-sized hospital in the nation for patient satisfaction on 30 January in Washington, DC.

"This is a great award because it recognizes our great staff who truly appreciates the fact we are part of the Pensacola community, both military and civilian, that is so supportive of military efforts," commanding officer, CAPT Matt Nathan said.

The award was presented during opening-day ceremonies at the 2006 annual TRICARE Conference.

"We are doubly blessed," Nathan said. "We have the finest staff in Navy medicine providing world-class healthcare and the most supportive and best community around. Our staff never forgets for a minute what an honor it is to provide care for the men and women and their families who serve the military and protect our way of life."

It is the first time the Pensacola facility has been named the top hospital by DOD, even though the facility has been in the top two for customer satisfaction over the past several years.

In 2003, the Picker Institute, a world leader in the scientific measurement and improvement of patients' experiences and the promotion of patient-centered care, honored NH Pensacola with the internationally acclaimed Institutional Achievement award for patient-centered initiatives, programs, leadership, and focus of a service oriented staff providing care to its patients.

In December 2005, the hospital went through a "tremendously successful" triennial accreditation survey and Navy medicine inspector general review which has "given us more reason to celebrate," Nathan continued.

The accrediting organization, known as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), lauded NH Pensacola with a "superb well-above average" survey, said Nathan.

"And when you look at the parameters of our mission requirements, not only did we do well with JCAHO," he said, "but you've got to consider the extensive deployments our military personnel have had and are still going through to protect our nation.

"It is a real testament to our staff and crew, considering that our command has the highest percentage of its staff deployed in the global war on terrorism," he continued. NH Pensacola has between 11-14 percent of its staff deployed at any one time compared to the Navy medicine average of 4 percent overall.

The hospital has personnel deployed in Iraq, Kuwait, Eastern Europe, Cuba, and aboard ships at sea.

Over the past few years, DOD has been measuring military medical commands' business metrics in order to make sure its military treatment facilities optimize their resources and provide the best production and access for the healthcare dollar.

But, the "most important award we win daily is the trust and confidence of each person who seeks our help," he added, "and that's our true measure."

—By Rod Duren, Naval Hospital Pensacola Public Affairs.

The Making of a Navy Doctor *Civilian Style*

The vast majority of all Navy doctors start their journey as medical students, and of these, 80 percent go through civilian medical schools. There are a wide variety of paths and experiences to get to the end point, but there are a few common threads which bind all the medical students together.

After deciding to go to medical school, students recognize that the cost of medical school will be daunting. How to pay for it? There are many ways to accomplish this, but some hear the call to service and apply for a Navy scholarship. After receiving a scholarship, students are commissioned as ensigns. They will remain at that rank for the entire time they are in school.

The first stop in their Navy career is Officer Indoctrination School (OIC), commonly referred to as "knife and fork" school. It is here that a young staff corps officer receives the lessons of Navy life. Administration and protocol are imparted to the students along with a healthy dose of physical training and marching. They learn who to salute, when to salute, how to wear the uniform, and how not to embarrass the Navy. This is a 5-week crash course in Navy survival.

From here they complete the first year of medical school. Basic sciences are the norm. Anatomy, histology, biochemistry, and physiology must all be completed at this stage. Long hours of study and memorization accompany this schedule. Students eat countless meals in the anatomy lab as they strive to learn all parts of the body.

The second year is filled with pathophysiology and pharmacology. Drugs and diseases, and rudimentary physical exams, day in and day out help the students prepare for contact with real patients.

It is typically at the end of the second year that students have further contact with Navy life. Many spend their active duty time at school studying for part 1 of medical boards, but some sign up to a "real" Navy clerkship in one of our operational areas. Flight medicine and undersea medicine are two areas that offer a look into more practical Navy experiences. Here students are exposed to the peculiarities of high and low altitude medicine. Some are even given the opportunity to fly in a Navy plane or dive at the undersea medicine school. It gives students a taste of why the adventure of Navy medicine is so unique and exciting.

The third year of medical school is primarily out of the classroom. Students get their first taste of truly being a doctor. Each rotates through the core sections of medicine such as pediatrics, obstetrics and gynecology, surgery, general adult medicine, psychiatry and community medicine. They experience "on call," and many nights are spent sleeping (or not sleeping as the case may be) in the hospital awaiting the call that someone needs attention or admission to the hospital. Notes are written, labs are drawn, history, and physicals are completed—the nuts and bolts of being a doctor.

At the end of third year and beginning of fourth it is time to decide what you want to do with your life, and what kind of medicine you want to practice. Then you

have to plan your clerkships. It is a time to visit programs and meet with the staff. It is these staff members who will be choosing people for internship. Most students will do two of these at different hospitals.

The fourth year of medical school is the most fun for it is during this year one chooses rotations. Some may be in specialties you will never have the time to try again like forensic pathology. Others are more in preparation for internship. During this year, one completes interviews for internship and fills out applications. For future Navy doctors the selection for internship happens just after Thanksgiving. From there, all that is left is graduation and on to internship. But that's another story.

—Story by LCDR David B. McLean, MC, USNR, Director, Medical Department Accessions.

The Making of a Navy Doctor *HPSP Style*

Why USUHS?

It was during one of the major pre-med forums at the University of Florida (UF) that I first heard about the Uniformed Services of the Health Sciences (USUHS). UF invites representatives from several medical schools around the country to explain to us what their programs have to offer. The representative from USUHS went last. He was well dressed in a uniform (at the time I had no idea which branch of the military he represented) and started telling us the benefits of being in the military—receiving a top notch education without incurring any debt. Two words came to my mind—"not interested." I wanted to attend a good medical school thank you very much. September 11 had just happened and I wasn't at all interested in the idea of strapping a gun to my arm and running around in the middle of a field somewhere, because that's what military doctors do, right?

When it came time to submit my application, I checked the AMCAS (American Medical College Application Service) box for USUHS with the attitude of "sure, why not." I had my sights on George Washington University, my dream school, so I wasn't exactly banking on joining the military. I interviewed at six medical schools that year including USUHS and George Washington. I received my acceptance to USUHS first. It was great to have the guarantee of going to school somewhere (I remember the fear of not being accepted anywhere all too well), but I was still very much on the fence about "signing my life away."

And then one day I changed my mind. One of my father's friends was a naval aviator who was currently executive officer at Pensacola Naval Air Station. Since I had decided that if I were to join the military it would be the Navy, he invited me and my family to see the base and clinic. I toured the facilities, the clinic, and had dinner with the captain and his family and was struck by how welcomed I felt.

My small town was buzzing about the possibility of me signing up for military duty. I didn't really think it was that exciting until I realized that several lifetime friends of my family's had once been active duty and they were all more than willing to sit down and answer my questions. It was literally as though people had come out of the woodwork to welcome me to what they all felt to be their other family. A neighbor of mine even purchased a new dress uniform to wear to my commissioning (which was not yet being planned). It was, in a word, overwhelming. My acceptance letter to George Washington University along with a full HPSP scholarship came about a week before I was set to be commissioned into the Navy. This was it, my last chance to turn back and to attend my dream school. I didn't, of course, but why?

Simply, there were too many great things about the Navy to turn down. I wanted to be in positions of leadership, and I wanted to give back to my country. Of course, when it actually came time to go to basic training, I really prayed that I had made the right choice.

UNIQUE USUHS MOMENT: As the Black Hawk helicopter landed on the baseball field for our class picnic, my friend leaned over to me and said, "Some people are only medical students."

Medical School: The First 2 Years

Ah, the first day of class. My class of 167 students had convened on the campus to receive instruction on what was awaiting us. I had just finished Officer Indoctrination School and felt like I could tackle anything. The faculty likens medical education to a fire hydrant that they were about to ask us to drink from, "Just take it one cup at a time ... as quickly as possible." Really, how hard could it be? It was rough. Don't get me wrong. There are some of you who will sail through your first 2 years by only sleeping on your books: I struggled to maintain Bs. For the rest of you, however, don't be surprised it you start to question yourself. I had two questions: 1) Could I make a good doctor? And 2) Oh my God, what on earth did I do by joining the Navy?

The second one was harder to swallow. Here I was with no military experience, wearing a uniform, struggling in medical school, and freaking out about what I had done.

USUHS Fingertip Facts
Total Graduates:
USUHS Physicians: 3,755
School of Medicine Graduate Programs: 897
Graduate Nursing Programs: 247
Staff: 665 (509 civilian; 156 military)
Faculty: 329 on-campus (208 civilian; 121 military)

Then I remembered that everyone who had helped me get here told me that Navy was like a family. The principle they all live by is "leave no man behind." So I started asking for help and got it. Professors would stay after school, sometime hours, to help, often times just one (that's right, just one) student. My classmates became my allies and my family. There was always someone emailing out the charts or outlines they had made. The faculty provided us with our notes so all we had to do was show up to class. As we got more comfortable with our abilities to tackle the information so did our ability to help each other.

At the end of my first 2 years, I realized that the reason I went to USUHS was for the people. The camaraderie was absolutely essential to doing well in school. As the second year came to a close though, and the USMLE (United States Medical Licensing Examination) Step I was behind me, I began to wonder if I was ready to begin clinical clerkships. Had the school adequately prepared me?

Third-Year Clerkship: Was I Prepared?

I am currently finishing my third year of medical school. I was nervous that I may not be able to transfer what the school taught me into actual clinical practice. USUHS has a great pre-clinical program that you start in the second half of your first year. Physicians come in and teach you how to take a history using volunteer actors at the school's Simulation Center, the first in the country. In the second year you continue learning the physical exam and then finally how to combine the two. Concurrently, during the second year, the Introduction to Clinical Reasoning course begins, which is invaluable in learning how to approach the most common problems you see in medicine. At the end of these two courses you take an Observed Simulated Clinical Exam which very closely mimics the USMLE Step Two Clinical Skills Exam (you'll take several of these before you take the Step 2 CS). Even though I had successfully completed these courses, I still wondered if I was ready? The answer was that I was actually more prepared than others.

UNIQUE USUHS MOMENT:
Explaining to my mother that I had just repelled down the side of our administration building (a 65-foot drop).

At the risk of sounding pretentious, I was struck by how well the USUHS students performed, especially in areas of history taking, approaching patients, and physical exam skills, when compared with our civilian counterparts. The hard work has really paid off. In addition, regardless of whether you attend USUHS or attend a civilian medical school with the aid of a HPSP scholarship, you will be working in a military hospital. The experience of wearing the uniform and being active duty for 2 years before working out among the active duty population was highly beneficial when it came to how I was seen as a professional. It falls under the minor style/finesse points, but there is a correct and incorrect way to address your superiors, wear your uniform, and interact among your peers. It's not hard to adapt to, but it was nice having 2 years to practice in a classroom setting.

Military Training: Do I Really Need It?

This is a common question when I'm recruiting for USUHS. I alluded earlier to the image of a military doc slinging a gun over his or her back and running through a field. Now, it wouldn't be honest of me to say that's a scenario that could never happen. However, military doctors spend the majority of their time in hospitals just like civilian doctors. If you research the curriculum you'll notice that the students take a significant number of courses dedicated to military education. So, if I'm going to spend most of my time in the hospital, why do I need all this extra training, a valid question when you're trying to cram all of pathology into your brain?

The answer is simply so that you're prepared for all possible scenarios. As a doctor in the Navy I have two jobs, one is to be a good physician, the other is to be a good officer. At USUHS, we have several opportunities to be involved in roles of leadership. As officers in the Navy we will all have people under us who are our responsibility. This is an important focus of our training but we also spend time learning how we fit into the Navy team. In order to work well within the system we learn about the divisions of the military that affect medicine. This awareness makes us better able to understand the people who are first priority in the mission.

We do several training exercises where we train outdoors and learn basic military skills; how to fire weapons, field triage, field first aid, equipment assembly, etc. There are two things I really like about this. The first is that I'm prepared. When I get out into the field I will have already seen and done some of the basic requirements, which means less time my unit has to spend training me. In other

USUHS CURRICULUM (Credit Hours)

1ST YEAR
Biochemistry (9)
Clinical Head, Neck, and Functional Neuroscience (11)
Diagnostic Parasitology and Medical Zoology (2)
Fundamentals of Epidemiology and Biometrics (3)
Human Context in Health Care (3)
Introduction to Clinical Medicine I (3)
Introduction to Structure and Function (10)
Medical Psychology (2)
Military Studies and Medical History (7)
Military Medical Field Studies-Summer (6)
Structure and Function of Systems (11)

2ND YEAR
Introduction to Clinical Reasoning (7)
Ethical, Legal, and Social Aspects of Medical Care (2)
Human Behavior (4)
Introduction to Clinical Medicine II (3)
Introduction to Clinical Medicine III (6)
Microbiology and Infectious Diseases (10)
Military Studies II (2)
Pathology (12)
Pharmacology (9)
Preventive Medicine (3)
Radiographic Interpretation (1)

3RD YEAR
Family Practice (8) 6–weeks
Medicine (16) 12-weeks
Obstetrics and Gynecology (8) 6-weeks
Pediatrics (8) 6-weeks
Psychiatry (8) 6-weeks
Surgery (16) 12-weeks

4TH YEAR
Military Training 5-weeks
Military Emergency Medicine 4-weeks
Neurology 4-weeks
Sub-internships 8-weeks
Medical Selective Block 8-weeks
(choose from: Internal Medicine; Pediatrics; Family Practice; Radiology; Dermatology; Preventive Medicine)
Surgical Selective Block 8-weeks
(choose from: General Surgery, Surgical Subspecialties, Anesthesiology, OB/Gyn)
Behavioral Sciences Block 4-weeks
Elective Clerkships 8-weeks

words, I'm a valuable member of the team as soon as I arrive.

The second benefit is my own growth as an individual. I didn't know I was capable of doing half the things I've done so far in the Navy. I've flown in the back seat of a jet, carried a human dummy through an obstacle course, shot a 9mm pistol, helped save a mock ship from sinking, and traveled all over the country. I've made physical fitness a priority in a way that it never was before, because now it's part of my job description. I can't even begin to measure the ways that choosing the Navy has made me a stronger person.

The Navy: More Than I Expected

It's been nearly 3 years since I joined the Navy. I've been to bases in Hawaii, California, Florida, Virginia, Texas, and Rhode Island. Even today, when I drive onto a new base, I can't help but think ,"God, I love this!" At some point along the way I realized I was going to be a doctor no matter what. The questions then became "What do I want to accomplish as a physician?" The Navy affords me the opportunity to practice medicine all over the country and all over the world. Because they are aware that we are treating a population that travels the globe, USUHS has special training in parasitology and tropical diseases you wouldn't receive anywhere else. I have the chance to do things outside the hospital, like learning to fly a plane, which is my next goal. It's more adventurous and more diverse an experience than I could have ever have hoped to have by becoming a civilian doctor. Moreover, I am being an active patriot. I can't stress this part enough. The feeling of wearing a uniform and knowing that you help the team of people who put themselves in harm's way to keep our country safe is immeasurably rewarding.

The People: Realizing Who I Serve

On particularly hard days at school, I tried to remember two things: 1) I was being paid by the Navy to be a medical student, and 2) I was learning how to take care of the people who were actually running around in a field with guns strapped to their shoulders.

Throughout my time in the Navy, I have met several of the soldiers/sailors/Marines. I am blown away by the caliber of people that choose to serve their country. They are patriotic, dedicated, and honorable. They care about doing their job well, which often includes taking care of the noncombatants (like docs). When discussing deployment with a Marine, he slapped me on the shoulder and said, "Don't worry Doc, we'll keep you safe." And he meant it. I consider it my privilege and my honor to take care of these amazing young men and women who will travel so far and do such extraordinary things because their country asks

them to. I know they take comfort from the fact that they will receive good medical care if they should get injured. They also know that their families' medical needs will continue to be met while they are away. The welcomed feeling I received when joining the Navy carried through these people and through all the people in their service.

—Story by ENS Lauren Weber, MC, USN

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Quality Care is the Ultimate Achievement in Navy Medicine

RADM John Mateczun, MC, Deputy Surgeon General, held an editorial board 12 January 2006 to discuss Navy medicine's continuing efforts to provide world class healthcare to its beneficiaries.

"Providing quality medical care is Navy medicine's top priority. In order for our (Navy medicine) patients to receive quality healthcare, a partnership must be established between the patient and whomever is providing the healthcare. This is not a one-way relationship," said Mateczun. "Navy medicine must do its part in providing the quality care. We also need to have a partnership with our patients. The best way for a patient to do this is by being an active participant in the information exchange. Patients should and are encouraged to ask the questions and, in turn, our providers are responsible for giving the right information."

Navy healthcare providers and facilities must meet certain objectives in order to practice and provide medical care. Providers must have a license and earn credentials to practice, and receive medical board certification. Medical treatment facilities (MTFs) must receive accreditation to provide healthcare services.

Navy medicine recruits doctors from two sources: the Health Professions Scholarship Program (HPSP) and Uniformed Services University of the Health Sciences (USUHS), the military medical school at Bethesda. According to Mateczun, HPSP is a scholarship program that once a student graduates, he or she commits to military service. USUHS provides healthcare education and training to military and civilian healthcare professionals.

By federal statutes, a military healthcare provider must possess at least one current unrestricted state license. Licensure ensures that practicing healthcare providers have appropriate education and training and abide by recognized standards of professional conduct while serving patients. Licensure represents a rigorous examination designed to assess a physician's ability to apply knowledge, concepts, and principles that constitute the basis of safe and effective patient care.

It is significant to note that 91 percent of board eligible Navy physicians are board certified in their specialty. Board certification is a process that determines if the medical specialist has successfully completed an approved educational program and an evaluation, including an examination procedure designed to assess the knowledge, experience, and skills requisite to the provision of high quality care in that specialty.

Navy medicine maintains a single enterprise-wide standard for credential review that meets or exceeds the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for all healthcare professionals who work in the direct care system. Providers are not allowed to treat patients independently at Navy medicine MTFs until a local credentials committee has verified their qualifications and the commanding officer has granted medical privileges to the provider. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a healthcare provider to deliver patient care services. Credentialing is based on four core criteria: current licensure, relevant education, training and experience, current clinical competence, and the ability to perform requested privileges.

Navy medical facilities undergo a rigorous accreditation and inspection processes to maintain and improve healthcare readiness. "All our facilities received accreditation from JCAHO which focuses on improving the safety and quality of healthcare provided to the public," Mateczun said. "When JCAHO comes out to one of our facilities to conduct an inspection, they are looking at whether or not we are maintaining a pre-established standard of care for our patients. JCAHO is also looking for areas that need improvement, such as customer service. Also, there is the Navy Medical Inspector General who sends a team and conducts their own inspection to see not only if the facility meets JCAHO standards but also our own standards,

which for example, include occupational safety and health standards."

JCAHO produces a quality report on over four thousand medical facilities in the continental U.S. Navy hospitals and clinics are included in these reported facilities. The reports are available on the JCAHO website at www.jcaho.org.

According to Mateczun, the Department of Defense (DOD) also maintains a rigorous Quality Management Program. This is another way that keeps the medical community one of the most regulated industries in existence.

"Navy medicine is quite proactive in how we look at and measure quality of care. Reviews of how we are conducting our healthcare business are constantly being done. For example, before any surgery is conducted, everyone that is involved in the surgery steps back, stops and says 'this is what the record says and this is what we are doing, and this is the right site of the surgery.' We are proud to be one of the national leaders in developing team training that allows us to share healthcare information in that way," said Mateczun.

He added, "Adverse events are an unfortunate part of medicine, which is 'high risk' by definition, but Navy medicine strives to the utmost to minimize the incidence of adverse events. When adverse events do occur, they are carefully investigated, regardless of whether a patient was actually harmed. Navy medicine examines the credentials and practice of any involved providers and compares their practice against a group of peers. If a provider is not found to be practicing in accordance with applicable standards, clinical privileges will be evaluated to determine if conditions or restrictions should be placed on the individual's practice. The provider will also be reported to the National Practitioners Database. This database contains information from medical malpractice payment and adverse licensure actions. Restrictions on physicians, dentists, and other licensed healthcare professionals are listed. This information is available to state licensing boards, hospitals, healthcare entities, professional societies, and certain federal agencies. Navy medicine also examines the procedures of all its hospitals and clinics to ensure no systemic issues exist that might adversely affect the care given. When systemic problems are identified, Navy medicine corrects the facility's policies and procedures."

Navy medicine consists of 3 major medical centers, 21 naval hospitals, 5 teaching hospitals, 6 large, freestanding ambulatory care clinics, and 13 dental clinics throughout the United States and at overseas locations. Navy medical treatment facilities provide on average 9 million outpatient visits, 70 thousand inpatient admissions, 20 thousand infant deliveries, and 15 and a half million prescriptions per year.

—Story by Christine Mahoney, Bureau of Medicine and Surgery Public Affairs.

The United States Navy Memorial Opens Navy Log to All Eligible

The United States Navy Memorial, located on Pennsylvania Avenue in Washington, DC, was established to honor the men and women of the U.S. Navy—past, present, and future. The Memorial does not focus on a particular platform, war, or era, but on all those who served, and continue to serve, in the U.S. Navy. Without a doubt, at the heart of the United States Navy Memorial is the Navy Log.

The Navy Log was established in the 1980s as the permanent public registry where Sea Service members and veterans could record individual service information—name, duty stations, awards, photos, and memories. Originally, all individuals who were interested in submitting data into the log were required to include a modest donation which covered the cost of the Memorial staff who entered the information into the registry.

With the advent of the Internet, coupled with the advances in technological capabilities of the Memorial, all interested people can enter their service information, or information for a family member or shipmate, directly into the register through their personal computer. In addition, The U.S. Navy Memorial has decided to pass savings onto the enrollees by making the Navy Log free.

Currently, The U.S. Navy Memorial is developing a blind e-mail system that will permit any two shipmates, whose names are in to Log, to find and contact each other. Long lost shipmates will be able to be reconnected, and shipmates today will be able to stay connected, all without charge.

To be a real resource for our Navy shipmates, we must convince our shipmates to enter their information into The Navy Log. Presently, more than 600,000 people are listed in the Log, but there are millions more who can, and should be, enrolled. To enroll in the Navy Log, eligible veterans, service members, friends, and family should simply enter the appropriate information at www.navymemorial.org. For questions, contact the Navy Log Department, The United States Navy Memorial at 1-800-NAVY LOG (1-800-628-9564).

Looking Ahead with Yesterday's Eyes

CAPT John Olsen, MC, USN

Last night's heavy rain has gone. Iraq's early morning February sun breaks low on the horizon, casting long motionless shadows across the Al Jizarah desert where Iraq meets Syria. As I enjoy today's clearing sky, quiet dawn, and have the first taste of hot coffee outside humble quarters, my contentment urges a reflection of sorts. This is my final tour of duty as a Navy physician. What began as a Navy medical school scholarship turned into a career in uniform, and culminated in this deployment to the desert. Has it really been 20 years since I placed my medical degree into life's satchel and headed west to Balboa Naval Hospital in San Diego?

Navy medical staff have a proud and inviolate history of providing care for the Marines at home and abroad. Here I lead a group of physicians and other medical and security personnel in today's version of the MASH unit. Called a Surgical Shock Trauma Platoon, we are "far forward," at the frontlines of the battlefield. My team supports the 2nd Marine Division from Camp Lejeune, NC. I am one of two anesthesiologists joined by surgeons, other physicians, physician assistants, nurses, and hospital corpsmen. Simply, we provide resuscitative/surgical care within the first "Golden Hour" of trauma, bridging what was known in previous conflicts as Echelon II/III care.

My team has been busy. Last fall, as American and Iraqi forces fought side-by-side to rid the Syrian border towns of insurgents, medevac helicopters lifted the wounded to our doors only minutes after injury. The now historic, high tempo Operations "Iron Fist" and "Steel Curtain" placed my team in the midst of the battle space where we ran dozens of mass casualties, cleared hundreds of wounded, and treated a wide spectrum of especially violent surgical trauma. Our triage protocols matched resources to need, while our doors opened to all of those injured, friend and enemy alike. We quickly noticed that this environment rewards bravery, while simultaneously reminding us of the frailty of all life.

Today's border remains restive, if not in transition. While the local populace thanks the Marines and Iraqi Army for giving them back their communities from the insurgents, danger persists. In the last 7 days we saw 11 battlefield *angels*, a newer term to describe those killed on the battlefield versus the more familiar "KIA." Some were U.S. military, others were Iraqi Army and innocent civilians. We also cleared one suicide bomber—who appeared to have barely entered puberty at the time of his death. Our urban battlefield does not discriminate in death.

Last night was a solemn affair. Before the rains came we said good-bye to two more Marines. Yesterday a suicide vehicle exploded as their convoy passed.

Photos courtesy of the author

Incoming medevac during "Steel Curtain."

Incoming wounded during "Steel Curtain."

Just outside the camp's wire, they suffered mortal wounds and died instantly. Young tragic death. Under darkness, the helicopter arrived for the first leg of their last journey home. The aircrew shut down on the pad, while the camp held a service for the fallen Marines. In the full moonlight, the chaplain offered prayers to hundreds of us in formation. Then, guided by a Marine with America's flag, these young heroes were placed on board for their final flight. Our silence and remembrance gave way to the changing pitch of the helicopter rotors digging into the thick night air. The CH-46 gained load and lifted from the pad. And then they were gone.

The quiet mornings help me keep, or perhaps gain, perspective. I remind myself that the desert's tranquillity masks an unforgiving environment that frequently tests the physical, emotional, and spiritual limits of my healthcare team when they face waves of battlefield wounded and death. As all professionals do, when called upon we do not waiver. Our steadfast presence here is irreplaceable as we hold, touch, and heal Marines who have gone in harm's way. It is hard to describe the pride and humility of serving alongside these brave young men and women.

As I wind down my command and Navy career, I realize my medical education has anchored the moral compass of my intellectual, ethical, and clinical thoughts. Those defining professional core values are powerfully tested in this violent place, where we are met by the trustful eyes of the often stoic, and all too frequently gravely injured Marine. Young death and serious injury drains us. Regardless, yesterday's fatigue and anguish are replaced with this morning's strength and resolve. There can be no other way.

Leading this team of military medical professionals in a wartime footing has been the pinnacle of my military career. Now with our replacements arriving, my team will retract across the desert and out of theater. I return to America with a richer understanding of patriotism and what the costs are to live in freedom. Most importantly, I depart knowing my medical education will never fulfill a greater privilege or responsibility—having been entrusted with the lives of those who close on the enemy in the name of freedom.

At the time this was written, Dr. Olsen was detachment commander of Surgical Shock Trauma Platoon 4, Al Anbar Province, Iraq. He is now back home in Chicago, IL.

Carrying wounded from the battlefield.

Caring

The Best and the Finest Part of Nursing

CDR Patricia Rushton, NC, USN (Ret.)

Caring and providing care is what nurses do. It is their profession and their daily work. In many cases, it is their passion and their personality. Members of the Navy Nurse Corps who have served during the period of the multiple Persian Gulf conflicts tell their stories about caring for their patients.

Anonymous

I remember one guy had a round come through the top of his armored personnel carrier. It went in through his pelvic area and blew out his entire left butt cheek. He was awake but disoriented from the blood loss, wanted to know if he was going to lose his leg, and would not let go of a picture of his little boy. We pumped quite a bit of blood into him before he made it over into the operating room. We got him over there and got him stabilized. Once we got him asleep, we took the picture of his son out of his hand and put it in a plastic bag and gave it back to him before he was medevaced.

CDR Jean Comlish

Before and after 1990 the Persian Gulf conflict was not the only place that American military nurses were found. They served in other campaigns all around the world. CDR Jean Comlish served during the United Nations Operation "Provide Promise" in Croatia. She tells of that experience.

Two Canadians drove over a land mine. One guy lost both legs at the knee. His lieutenant was the passenger and he took all the shrapnel and the open leg wounds. I was on medivac watch and we were told we had to go get these two Canadians. We were only 15 or 20 minutes into the flight and they turned us around. They told us, "It's cancelled. They're too unstable for flight." That was in mid-afternoon. We came home and figured that was it for the night because there had never been a night flight, but they launched us again. They launched us close to sunset so there was still a little light in the sky. They told us that we were only going to pick up one guy, the lieutenant not the amputee.

We went to their little MASH hospital. I went and talked to the ICU nurse. The nurse anesthetist talked to the anesthesia provider. The surgeon talked to the surgeon, and we got a report. We put the patient on the helicopter and started home. On our way home we lost radio communication in the back of the helicopter. We were in a Huey. Each person wears a head device that you have to push a button to talk. The nurse anesthetist was bagging the guy while I did everything else from a nursing perspective. We had a corpsman who sat back and opened things for us. The other nurse was trying to talk to me. I couldn't hear her and I was pointing at my microphone saying, "I can't hear you." That's when we realized our microphones were down. Our corpsman then flashed the flashlight to her face so that she could mouth what she wanted because both her hands were

occupied bagging. Then he would flash it back at me and both my hands were occupied pushing drugs. We did this all through the flight.

We were told our patient had shrapnel injuries to the eye and he was intubated to reduce intraocular pressure. We didn't have an ophthalmologist type surgeon, but they had one in town. When we landed at our MASH hospital, we had to put him into an ambulance and take him to town. There was way too much stuff going on for us to really ask our pilots what happened.

The next day I saw the pilots in the chow hall and asked them why they cut our radio communication off. They told me that they wanted to show me something. There were some gun shots in the fuselage of the helicopter. It could have been from a different mission, but we're not sure. What they did tell us was that our communication went down because the Serbs launched a MIG on us. It had radar lock on us and was ready to shoot us down. Somewhere someone didn't get the information that we were on a medivac mission. The Serbs didn't believe that we were on a mission because we had never done a night mission before. When they saw a UN helicopter overhead near a contested territory, they launched a jet on us to shoot us down. Fortunately, they eventually got conformation that we were on a humanitarian mission and they backed off.

Our patients came to us from a dirty environment right from the field. We had to manage their wounds and their immediate life threatening things and we worried about infection. I remember patients going directly from the casualty treatment facility to the OR. The first time you think to bathe or really get them clean is when they're in the ICU post-op day one. When it is just you and another nurse trying to hang blood transfusions, do medications you're so swamped. I literally had an anesthesiologist and a surgeon just stand there and watch. They may know to order four units packed RBCs [red blood cells] but they don't know how to actually transfuse them. They know what they're ordering, but they don't know the actual mechanics of the tubing, filter, priming, etc. As a result, they couldn't help us. They were looking at us dumbfounded, wondering what they could do. We asked them to bathe the patient, and they did. I remember saying, "Mark this in history. I'm looking at a surgeon and an anesthesiologist giving a patient a bed bath. Where is the camera?" Teamwork was paramount and nobody was above or below doing anything.

COL Susan Herron

I am in the Air Force Nurse Corps and we transported many Navy personnel. We had lots of Marines—18 to 19-year-old kids. That was hard. There were kids with no arms, legs, or eyes. I remember one kid who came on the plane and took off his helmet and was looking at the inside. I glanced over to see that he had a picture of his little baby girl with his wife. That was enough to break my heart. He turned to me and said, "I just missed her first birthday." That was hard because all of a sudden they became human. They became real. They weren't just patients. They weren't just the belly wound or the burn. They were people and they had families and they were just like us. You try to always have a smile on your face. You always greet them. You always talk to them.

They had been eating MREs forever—months and months. Our crew used to take up a collection of between 5 or 10 dollars once a week to go to the commissary and buy hot dogs, cookies, and french fries. We would cook them in little ovens on the plane. These guys must have thought they had died and gone to heaven because they hadn't had real food in so long. It was the coolest thing.

Somebody sent a fireman on our crew this huge American flag. We hung it inside the aircraft. When the patients saw this, they knew they were going to get some food. You always had to think of their morale because we always knew that they had been through the worst of it. It wasn't us. We got to stay in a bed and shower and go eat at restaurants. We had those things, but they didn't.

CDR Linda Nash

Packages marked "To Any Sailor Soldier" were handled by the postmaster, which is really unique. The units that got the least amount of mail would receive the most of those packages. He always knew what the better boxes were, but he treated everyone fairly.

As nurses, we started a "Take a Soldier to Lunch Program" because there was no way any of the nurses could eat all of our meals. Most of us would just eat a

salad or fruit for lunch and let the soldier eat our main tray because they hadn't had hot meals in a long time.

Our skipper at Camp Lejeune supported the families that were left behind. He was a pediatrician. One of the girls in my tent had given birth a couple of months prior and left her husband with this newborn. Our skipper personally went out to him and gave him his home phone and pager number and offered to help him if he ever had any problems with the little one. I thought that was awesome.

LT Jodi K. Wilmert

One of the memories that I will never forget was this woman in her 50s or 60s who came in. She was in a long black dress and she had been shot when caught in a cross fire. The first thing that we do in the emergency situation is cut their clothes off. Well obviously, these women are very discrete and modest. I took it upon myself to act as her advocate, that her culture and wishes were protected. Whenever the physician would examine her, I made sure that I would cover up her back. When the time came for us to send her to the evacuation tent to transport her, I helped her sit up in the bed. She gave me a kiss on the cheek and she said, "Thank you. We love you." It's that kind of stuff that I will never forget.

LCDR Jared Scott

During a period of 2 weeks during the winter of 2003 our inpatient ward took care of over 150 recruits from Marine Corps Recruiting Depot (MCRD) in San Diego who had developed pneumonia. Our work began when three recruits were transferred to the intensive care unit. Their pneumonia had turned into empyema and pleural effusion. MCRD began screening all their recruits for pneumonia.

It took 4 days to screen all of the recruits. Thousands of throat cultures, blood cultures, and x-rays were processed. The laboratory and radiology departments received 2 weeks worth of work in 4 days and they performed well.

I was going off shift when the Director of Nursing Services determined to turn our ward into a pneumonia ward. We transferred all our regular patients off the ward. The recruits started pouring in. We admitted 40 patients that night, all young 18 to 20-year-old men. I stayed until midnight.

Working with the ward clerk under my direction, we processed physician orders for 40 new admissions. The six phones available were just barely enough to coordinate services with all the various hospital services.

Sunday morning, we were informed that a recruit had died from pneumonia. Many staff had worked relentlessly to save him. Everything possible was done to save him. The nurses grew solemn. A young, strong, capable, healthy servant of our country lay motionless. He never made it to the battlefield, never fought the enemy. His mom and dad were, no doubt, proud that he had volunteered to serve his country. Like the many hundreds of thousands that gave their lives down through the centuries for our country, this young recruit stands as testimony to the Savior's teaching, "greater love hath no man than this, than a man lay down his life for his friends."

We decided not to tell the Marines that one of their shipmates would not be returning to MCRD with them. For good or bad, we did not feel right that it should come from us. It did not take long for them to hear the news. A shipmate had died from the same disease for which they were being treated. It was an honor to care for them.

These nursing accounts are part of the Nurses at War Project, an ongoing program at Brigham Young University College of Nursing. This project collects the accounts of nurses who have served during periods of armed conflict. If you are a nurse or know a nurse who has served in wartime, and would like more information on participation in this program, please contact CDR Patricia Rushton, NC, USN (Ret.), RN, Ph.D., at Patricia_Rushton@byu.edu.

"Code Among Brothers"

In the modern annals of warfare, certain place names are etched in Marine Corps history: Guadalcanal, Tarawa, Iwo Jima, Inchon, Seoul, and Hue City, to name a few. The 26-day struggle to retake Hue from the North Vietnamese Army and its Viet Cong allies during the Tet Offensive in February 1968 was the most harrowing battle of the Vietnam War. Even today, the actual cost in human life is not really known, but it is estimated that the fighting took at least 10,000 lives; 147 were U.S. Marines and 17 were Navy hospital corpsmen. The systematic destruction of Vietnam's ancient capital and most beautiful city represented something traumatic and disturbing not only for those who fought there but also for the American people who witnessed the bloodletting on the evening news.

Hue was truly an anomaly of the Vietnam War. Until the Tet Offensive, the conflict had not been about urban warfare. The war had been fought in rice paddies, jungles, hilltops, and the elephant grass of the Central Highlands. Suddenly—and without warning—Marines and soldiers were fighting a well-armed and highly motivated enemy who chose to contest every inch of ground—street by street and house to house.

The fight for Hue was brutal, numbing, and seemingly without end. Years later, veterans still recall the terror—unseen snipers at every window and the horrifying closeness of the battlefield, the damp, cold overcast. They can still hear the cacophony of explosions and the cries of wounded comrades lying in the street just out of reach. They can still see a buddy shot dead—barely an arm's length away.

The savage battle to secure Hue continued through the first 2 weeks of February as Marines and Army troops fought to dislodge the enemy. As ferocious was the fighting to secure the new city south of the Perfume River, the battle to retake the old district north of the river was another story. The Citadel was a walled fortress about 3 miles square. It was patterned after Peking's Forbidden City and surrounded by a moat. With its brick and masonry walls 20 to 30 feet high and 50 to 90 feet thick, the bastion now had a gold-starred blue and red Viet Cong flag flying defiantly from a prominent flagstaff. Inside the Citadel's walls were blocks of row houses, shops, a collection of pagodas, parks, residences, gardens, and beautifully carved stone buildings. Then there was the Imperial Palace, a fortress within a fortress. All structures provided a warren of hiding places for NVA and Viet Cong soldiers. The Citadel was proving to be a very tough nut to crack, and casualties were very heavy on both sides.

Hospital corpsman Alan Kent was a newcomer to Vietnam and had little time to orient himself to combat. The day after arriving in Danang he was assigned to Delta Company, 1st Battalion, 5th Marines, which was supposed to be in Phu Bai, the staging area for units going into combat at Hue. "I still had my leather boots and starched utilities on," Kent recalls. "Not knowing anything, with no direction, and being in a combat environment with rockets going off, it wasn't a very secure welcome to Vietnam." He could not have known that in a few days he would be involved in some of the most brutal fighting of the war—the battle to retake Hue's Citadel.

We finally got on choppers and got up to Hue City, landing in the old ARVN compound, which had originally been a French military compound on the north side of the river. 1st and 2nd platoons of Delta Company had already gone up the river in sampans and LCUs.

A forward battalion aid station had been set up in a semi-bombed-out building in the ARVN compound. When I got off the chopper, which had landed on the edge of a wall, tracers were coming up. We ran and got under some cover.

So there I was. It was dark and there were wounded guys waiting to get out. I started to make them as comfortable as possible. They were all over the place. They were lying in corners bleeding and in pain. Everybody was trying to do as much as they could for them but the equipment was minimal at best. The conditions were ridiculous.

All we could do was stop bleeding, give them morphine, a cigarette, some water, and start IVs. I used some of the IVs I had in my pack because a few of the men were shocking out on me. But, by and large, this was basic compassionate care, more or less. There wasn't a lot of level one trauma treatment taking place!

The next morning they said they would take me over to where they thought Delta Company was. A Marine named Ray Howard, a black kid, was driving one of those little flat bed utility vehicles they called "mules." He should have gotten the Navy Cross a hundred times. Anyway, he said, "Get your head down, Doc. We're going." So I hung onto the rails and lay flat. Every time we came around a hot corner, he'd say, "Keep your head down; there are 'gooks' right around here." And then they'd start firing at us as we zipped up and down the streets. Sometimes he'd make a wrong turn, find some enemy crossing the road, and turn around.

Ray finally got to a place where he thought Delta Company was, and said, "Jump into this ditch right here and you'll be fine." Then he spun right around and took off.

It wasn't 5 minutes later when I heard somebody. Now, this was a long street which followed the northeast [Citadel] wall. Across the street was a little courtyard with a couple of pillars, and a house which was pretty much bombed out. From over there, I heard a couple of grunts say, "Hey, Doc. When we tell ya, come running across the street over here."

Well, pretty soon they opened up with their M16s down toward the end of the street and I started running across. The NVA had a .51 caliber machine gun at the end of the street and were blasting anybody who came across that road. I got across without incident even though they were shooting at me.

I ended up joining the group and meeting everybody. We were up against the northeast wall of the Citadel, which surrounded the Imperial Palace. At that time, there was a little bit of a lull and—being a real novice—I hooked up with a guy who saved my life more than one time, Tommy "Spanky" Mitchell. He was a forward air controller, a real bristly Marine from Tennessee, who had already been wounded a couple of times.

He took me under his wing and began teaching me the ropes quickly. He taught me what incoming AK-47 rounds sounded like. It didn't take long because any time you moved—if you weren't careful—the NVA were behind you using you for target practice. They would get into the sewers and crawl underneath, popping up in manholes. They had spider holes all over so you had to be constantly vigilant as to what was going on.

I recall that we had a lack of C-rations and hardly any water. There were wells around the area but they were all contaminated. We loaded the water up with halazone but the high levels of halazone caused diarrhea on its own. The dead bodies lying all over were bloating and decomposing so it was a very disease-oriented place. Nobody thought they'd live long enough to worry about having typhus or whatever. We tried burning the enemy dead with flame throwers to keep the disease and stench down. I slept next to a rotting corpse, which I covered with a piece of tin roofing for several days.

The climate, too, was against us. It was the monsoon season. You could touch the ceiling with your hands so there were very few days choppers could fly. And we had no air cover because of that. There was also a policy where you couldn't dump ordnance into the Imperial Palace or the Citadel because they didn't want us [Americans] destroying it. And that's where all the North Vietnamese regulars were holed up with their artillery and what-have-you. It was off limits. We couldn't get to the heart of things. It was ridiculous trying to fight a war like this.

When we'd try to make pushes down the streets, we'd maybe get a half a block and come up against B-40 rockets, machine guns, and snipers who were all over the place. My first recollection of dead GIs

BUMED Archives

HN Dennis Howe treats a Marine during the Battle of Hue.

was a tank that had been debilitated. The commander's head was blown in half and his brains were spilled all over the place. I still can see that skull snapped like an eggshell.

I told you about the two pillars in the courtyard. Lo and behold, there were some wounded GIs across that road where that machine gun had been zeroed. The NVA also had that courtyard zeroed in with their mortars. I would run out and grab guys who were getting hit and falling behind the houses or shot in the street. Then I'd drag them back and get them in that little courtyard area where I'd patch them up, stop their bleeding, and apply a tourniquet. I was doing this back and forth, back and forth. Each time I'd go out there, the NVA would shoot at me and mortars would come in.

Well, I finally got the last guy in, put him down on the ground, and took care of him. He was okay but for a little bleeder in his arm that was pumping out, which I fixed. Then I went back to see if there was another man down. I was standing by a 2 x 2 x 2-foot-square pillar when a mortar round came in and hit the top of that pillar. Some of the blast went into the courtyard and threw me across the road. Luckily, the majority of the impact went behind me. I didn't even know I was hit until later. I was in shock and just ignored what was going on. I basically ended up in the same ditch I had jumped in when I got off that mule. Everything was so surreal. When I looked back into the courtyard, all the guys I had just brought in there were flopping on the ground like a bunch of fish in the bottom of a boat. So I had all them to take care of once again.

There were men wounded continually every hour. Some had femoral wounds with femoral bleeding and just a tremendous amount of trauma to the lower extremities or the abdomen. If I was lucky enough and could find the [source of the] bleeder, I could clamp it off. Most of the time just putting direct pressure on it didn't do it. You had to get to the source and tie things off. He's gonna lose his leg but at least you might save his life. And here I was trying to be something I wasn't. How many field-trained corpsmen have dissected out and tied off major bleeders or done a trach [tracheotomy] under direct fire? You're thinking, "I don't know if I'm doing it right but I'm just doing what I know I should do." You tried to make the game up as you went along. Even though I had all the basic stuff, I knew I wasn't a surgeon. That was the frustrating part about it. I could have used a little more training, but I guess baptism under fire is one way to solidify things. It's called field experience!

By this time, we were down to leading platoons with PFC's [private first class]. There was no such thing as officers. The only officer around was [CAPT Myron] Harrington.[1] All the others had either been killed or wounded. We ended up making another push, led by a guy named Dennis S. Michael, a PFC. David Greenway of *Time*, Al Webb from UPI, and Charlie Mohr from the *New York Times* were also there with us.[2]

Anyway, Michael was leading a platoon. He'd be everywhere leading guys and never get hit. You can't believe how many times he should have been killed. So, lo

[1]Harrington was commanding officer of Delta Company, 1st Battalion, 5th Marines.

[2]Greenway, Webb, and Mohr were awarded Bronze Stars, the only civilians so awarded.

and behold, a LT Williams arrived. He was a lead magnet. Anywhere he went, he'd get hit. He had been in the rear because of his history. But he decided to come and help out. He, Michael, and a couple of us ran up the edge of the wall trying to get into a better position along that northeast wall. The North Vietnamese were all dug in waiting and just blew the shit out of us.

Michael got hit in the face and Williams got knocked down. He had three bullets pumped into him and was bleeding but breathing. One hit in the side of his neck, but he was lucky. The bullets missed his jugular. He had a little bit of a spurt from a branch of his carotid, but I was able to control it with some direct pressure. He also had some holes in his leg but none were life-threatening. I started an IV of lactated Ringer's solution and applied direct pressure to his neck and leg wounds. Maybe 3 months after the Battle of Hue, I ended up in the rear area at Phu Bai and there was Williams sitting behind a desk. He eventually ended up getting wounded again and was finally sent home.

Michael was the worst. When I turned him over, I saw that he had bad trauma to the jaw and face—and he wasn't breathing. By that time, I had been reduced to a Ka-bar fighting knife and a little tube you used for mouth-to-mouth resuscitation. I grabbed the Ka-bar and did a cricothyreotomy and slipped the tube in him. But I couldn't get it in right away because he had a lot of cartilage and a clot in there. So I took my mouth, put it on the wound, and sucked all the fragments out. Then I slipped the trach in him and got him going again. Al Webb, Dave Greenway, and Charlie Mohr were there, and they found a green shutter they used for a stretcher. They were able to get him back to that courtyard area where they were trying to stage people to protect them from the direct fire.

Michael ended up dying back in that battalion aid station waiting for evacuation. He made it all the way back to the battalion aid station, but because of the lack of a way to evacuate him to a higher level of care, he expired.

From the time I got to Hue until the time I left, I was blood from the top of my head to the tip of my boots, whether it was mine or somebody else's. It got to the point that it didn't make any difference after a while whether it was mine or not. In fact, when that mortar hit the pillar earlier, I was hit but it wasn't until everything died down and I was hunkered down behind a wall that I noticed something warm running down my legs. I had been wounded in my thighs and knee with shrapnel. They were fairly decent lacerations, but no bone showing and no neurological deficit at that time. So I said, "I'm staying with these guys and nothing's going to make me leave unless I get killed."

It was a sort of bonding. It had nothing to do with the flag or Mom's apple pie or Chevrolet. It had to do with your comrades—the guys in the unit. And that was the key to it all. You just thought that they're gonna try to keep you alive and you're gonna keep each other alive as best you can. And that was more or less the code among brothers. And believe me, our main objective wasn't to try to foster a democratic government for the U.S.A. in some country that wanted nothing to do with us.

Alan Kent was awarded the Bronze Star with Combat V for his action at Hue. He was discharged from the Navy in January 1969, and now works as a physician assistant at the Veterans Administration Hospital in Iron Mountain, MI.

The American Academy of Physicians Assistants (AAPA) named Alan J. Kent, of Iron Mountain, MI, the recipient of its 2006 Federal Service Physician Assistant of the Year Award. The award was presented on 26 May at AAPA's 34th Annual Physician Assistant (PA) Conference in San Francisco, CA.

Kent has been a PA for 33 years. He began his healthcare career as a combat corpsman serving with the Fleet Marine Forces. While serving in Vietnam, half of his Marine Corps battalion was killed or wounded. Kent was wounded, but refused to leave his line company. He received the Purple Heart and Bronze Star with a Combat V for valor for his action in combat. Later in his tour, Kent received a more serious combat hip and leg injury. His military history has been chronicled in several books on Vietnam and was the subject of an article by Pulitzer Prize winner William Tuohy in 1968. His personal account of the battle of Hue City was recently accessioned into the BUMED Archives, Washington, DC.

Letters to the Editor

I have read my copy of *Navy Medicine*, January-February 2006 and was very interested in the item, "First Joint Navy, Veterans Affairs Hospital to be Built," on page 6.

Overlooked is the fact that the Naval Hospital Philadelphia, PA, was built with joint funds from the Naval Medical Department and the Veterans Administration during the Hoover administration. The Navy provided the medical staff and the Veterans Administration the funds.

I was on the staff of the U.S. Naval Hospital Philadelphia, in charge of the anesthesiology services, 1948 to 1952. The census, as I recall, was 2,000 patients, one-half veterans and one-half Navy patients. (Korea)

My career in the Navy was "regular Navy" from 1941 to 1954, active duty. I resigned at that time and joined the U.S. Naval Reserve for 22 years. I have many "sea stories."

I am 92 plus years old, retired, have difficulty with my "carpel tunnel" and typewriter's worn out completely. I was not an expert typist anyway. I have been totally retired since 1 January 1976.

Sincerely,
Scott Whitehouse, M.D.
RADM, MC, USNR (Ret.)

I am continually dismayed (and annoyed) when the differentiation of physicians and dentists is substituted with doctors and dentists. I would expect that a medical publication would be more aware and astute. It rankles me to be asked if I am a doctor or a dentist when I am both. In truth the primary dictionary definition of doctor is teacher not healer. However, I took pride in being both for my patients. In summary the degree of DDS is doctor of dental surgery and DMD is doctor of dental medicine. In short, they are medical specialty doctorate degrees.

My reference here is to page 25, "Battle Station Sick Bay," line 13, Jan-Feb 2006.

Daniel E. Marsalek DDS
CAPT, DC, USN (Ret.)

CORRECTION:

On page 1 of the March-April 2006 issue the picture was captioned: LCDR Richard Jadick (left) with LCOL Mark Winn, USMC and RDML Richard R. Jeffries. The officer on the left is actually 1st LT Devine from 2nd Combat Engineers.

Book Review

Combat Corpsman: The Vietnam Memoir of a Navy SEAL Medic by Greg McPartlin. The Berkley Publishing Group, published by the Penguin Group, New York, NY. 2005, 319 pages.

Coalition operations in Iraq have once again brought out the heroism, sacrifice, and skills of our hospital corpsmen. It has also moved corpsmen from previous generations to impart their knowledge, wisdom, and combat experiences from other engagements.

Greg McPartlin is one of these stories. His new book recounts his experiences from Hospital Corps School Great Lakes through his deployment to Vietnam as a newly minted FMF corpsman, and later as a corpsman with the SEALs.

The book takes us through jungles and steaming swamps as America became involved in a guerrilla war that was Vietnam.

McPartlin originally wanted to be a Marine like his brother but when the Marine recruiter noticed that his job was an ambulance driver, he pushed him toward the Navy recruiter with a guarantee that he would become an FMF corpsman. Recognizing his key talents, senior enlisted and officers helped steer him through his career with the Marines and SEALs.

McPartlin was assigned to 3rd Force Recon in 1968 and got his baptism by fire as a new field corpsman during the Tet Offensive. Marine Recon units bore the heaviest fighting at places like Hue and Khe Sanh. McPartlin remained in the forward areas as wounded Marines and South Vietnamese soldiers were brought to him for initial triage and first aid.

Before McPartlin joined the SEALs he did a tour aboard USS *Hornet.* The carrier had been selected to recover the Apollo 11 astronauts, Neil Armstrong, Buzz Aldrin, and Michael Collins, when they returned from the first moon landing in July 1969. The first words the returning astronauts heard were McPartlin saying, "Welcome back safely, sir!"

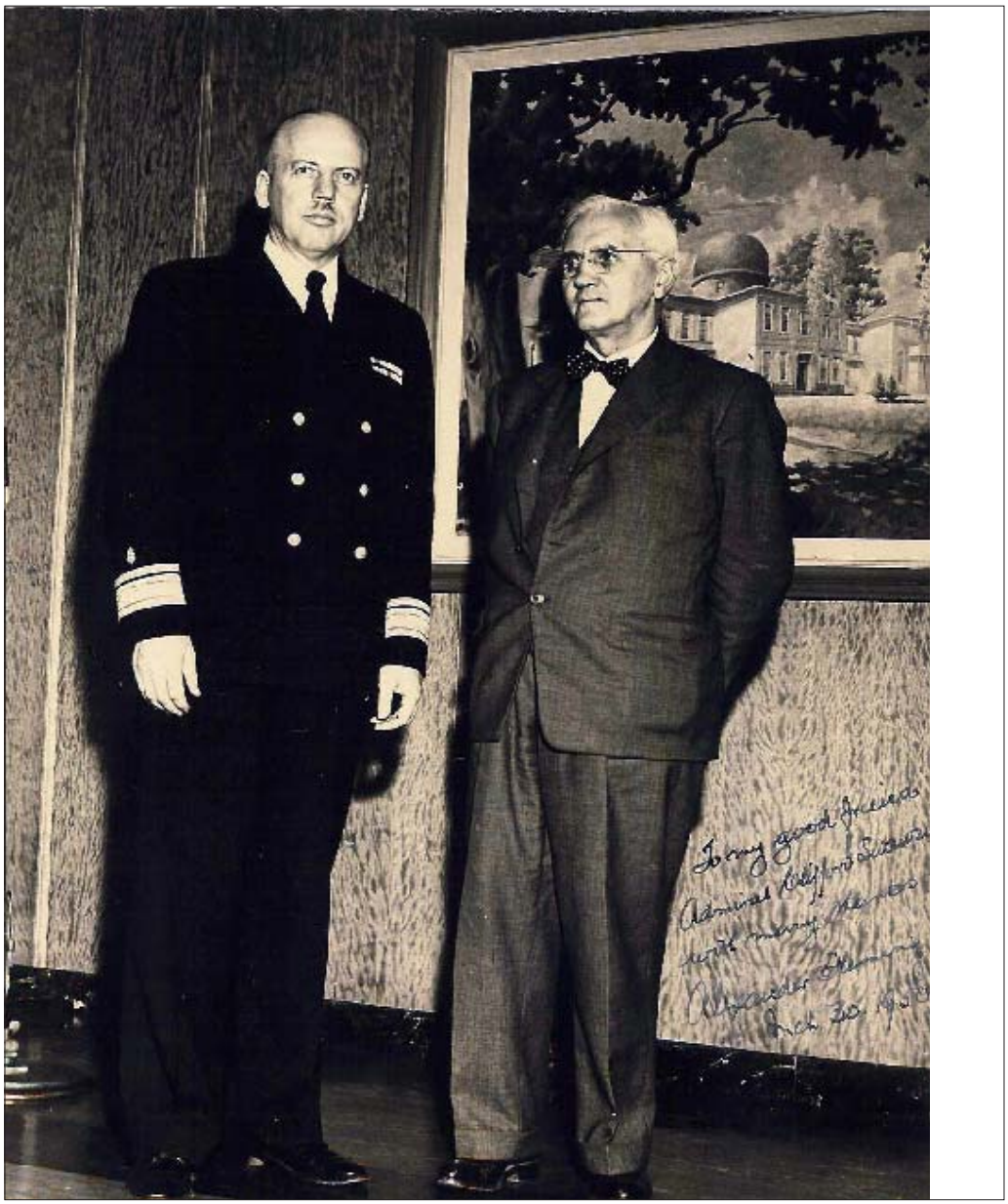
McPartlin then joined SEAL TEAM ONE, replacing a more seasoned veteran. He went through the rigors of initiation as a junior corpsman, but service in Vietnam with the Marines during the Tet Offensive quickly earned him the team's respect.

There are vivid descriptions of how McPartlin cared for his SEAL Team, using creative acquisition to get medications and other items he required for rapid emergency care. He learned from other corpsmen what worked and what didn't in the field. One technique he describes for caring for the wounded included the use of an inflatable life vest to stabilize and pull together a Viet Cong prisoner with a severe abdominal wound.

In reading McPartlin's book, one is reminded once again how extraordinary combat corpsmen are and what special bond exists between Marines and their "Docs" and SEALs and their "Docs." This is a bond that has only grown stronger throughout all America's conflicts.

—LCDR Aboul-Enein is a Plans, Operations, and Medical Intelligence officer currently assigned as Middle East Country Director and Special Advisor on Islamic Militancy at the Office of the Secretary of Defense, Washington, DC.

Navy Medicine1950



BUMED Archives

Penicillin pioneer and Nobel Laureate, Sir Alexander Fleming, visits Surgeon General RADM Clifford Swanson.

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